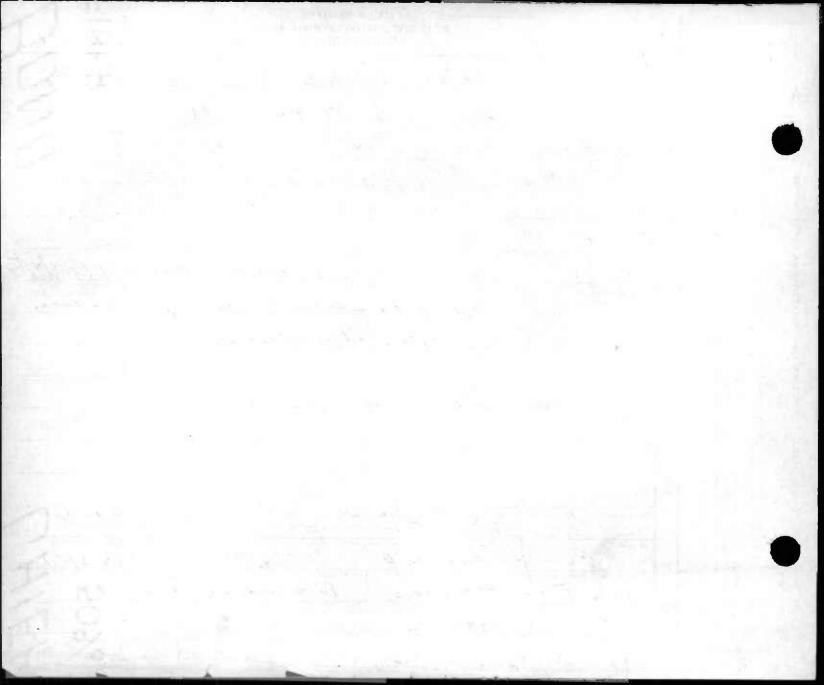
FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

152520 111	1.	REGISTRAR		CERTIF	CATE OF DEATH	B / REG. NO.	14241
# wf	I. DE	CEASED NAME FIRST	MIDDLE	.1 0	1 / (11:05	20. DATE OF DEATH MON	3 1987 855
may be page 3 er death	3. SE	Muri X	CI WESE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHOAT	Y) IF UNDER I YEAR IF UNDER 24 HRS
4 age 4		FEMALE	White	MONTH 2	27 1905	81	YRS DATS HOURS MIN.
Th. Po	70 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUL	MARRIE	NEVER MARRIED	BALTIMORE CITY OR CO	DUNTY OF DEATH
9 5 5	110	ATTIMURE MA	11. NAME OF HOSPITAL, N	WIDOWE JURSING HOME O		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	M	Anchestering	LONG VIE WAHO	ME 333	FART LOCKE	HOUSELLY F	
filled in could be	13a	AL RESIDENCE (IF NURSING HOME OUT	ROTHER INSTITUTION GIVE RESIDENCE NTY 134 CITY OF LESEX High:	RTOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF 11 Raritan	
MARYL ed – rithin	JA-E/	ERDEST	MIDOLE GAR	doer	15. MÖTHER'S MAIDEN NA FIRST Anna	WE	Un kn o wn
IMORE,		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166. SOCIA VE WAR OR DATES) 158-	14-1081	LONGUIEW HOP.	HOME 3332	-Main St. Mancheste
T. BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for (a), ED BY TE CAUSE (a) Lighty	(b), and ici	in festival	bluery	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
not the death cer by the attending pair remove carbo c, cremation, or re other traumatic is	100	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON	exelic	elar de	zioal	
35, 20 pures 1 pures 1 pures ple orburo pure, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
L RECORD	TIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20t	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
SFVITA SPANO THOMAS SI Hyg	IL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART + ORPART 2)
VISSON OF PRESCH Preschool of the barrio and Ment	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	R) P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
TIENDIN Dibal or a TOR Att		220.1 certify that (1) this hosp		(111-	d that in (my) (aur) apinion	deoth occurred on the date of	19 , tha (1) we) last
the Dept of the De		22b. SIGNATURE	Jenster	M-0.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
FUNER STORE	1	224 PHYSICIAN'S NAME (THE	USTINO,	4,3	22e ADDRESS	stad n	metal
06 5413	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
1478944	The same	Burial UNERAL DIRECTOR	5-7-87	Lake N		Piscataway TE REC'D. BY REGISTRAR 256	Middlesex N. J
(VRA 15, 4)	1	Eline Funeral	Home Ham	ostead.		MAY 5 1987	Julia Dender Readelle
				222000			



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	1	4	2	4	8
	REG. NO.			-		- 0

7	13-	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 8 7	142	4 8
	1 DEC	CEASED NAME FIRST		EAST .	20 DATE OF DEATH		2b HOUR
	1	Eugene	neal Dr	asenne	5-8-87		10th M
	3. SE)	4	RACE S. DATE		6 AGE TIN YEARS LAST BIR	THOAY] IF UNDER I YEAR MONTHS DATS	IF UNDER 24 HRS.
		mare	White 12		80	YRS	
1	Ta BI	RTHPLACE ISTATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
2	15	ma.		ED THE DIVORCED	Carr	ill	MD.
-	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME	OR OTHER-INSTITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF		BUSINESS OR
	5	ykesvilly mr.		care	Farmer	Heguen	Chure
L	130. S	AL RESIDENCE (IF NURSING HOME OF O	THE PINSTITUTION GIVE RESIDENCE BEFORE ADMISSION		13e.STREET ADDRESS	1	
1	14.54	m. can	see Sykesville	YES NO NO NAM	7309 Secon	lan 2/189	
10	14 FA		DOIE	FIRST	WIDDLE	JIAST	10
<u></u>	16- 16	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT 1	ADDRE	- 070	all,
	100. V	ES, NO OR UNKNOWN) (IF YES GIVE	217-26-5021	1 261 10		20 Hellows	lule Rd.
		no		may us	owar	APPROXIM	2/234
		PART I. DE ATH WAS CAUSED		24.5	0	BETWEEN OF	NSET AND DEATH
		IMMEDIATE	CAUSE (o) NETOS	212			
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	e Careina	^~~		
		gove rise to immediate couse (a), stating the	10,	E (01(111)	3		
	M	underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			Also all all all all all all all all all al	
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART ha	
	ON						
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES O	
7	TIF				YES NO	YES	NO [
1		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	TY IN ITEM IS PART ( OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19				
4	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY  [AT HOME STREET, FACTORY OFFICE, FARM, ETC.]	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	<	MHILE NOT WHILE					
		22a. I certify that (I) (this hospita	I) offended the deceosed from Jama		_ 10_ May		not (I) (we) lost
		sow the deceased alive on above, (I) (we) (did) (did not)	view the body ofter death.	nd that in (my) (our) opinion di	leoth occurred on the do		
		226. SIGNATURE	) a les reis	DEGREE  M. D ATTENDING PHYSICIAN IN	, MEDICAL STAF	22c. DATE S	IGNED
-		201 PLUSTICIANIS MANTE		THISICIAN (Y	MEDICAL STAF		
		22d PHYRICIAN'S NAME (TYPE OR	apulk, M.D.	6342 B	arnet Av	VERXYYZ.si	ITTE'WD
-	23a B	URIAL, CREMATION, REMOVAL	236 DATE 23c NAME OF	EMETERY OR CREMATORY	23d LOCATION		
	1	Surel	11 May 84 14 Da	him Cometery	Eller O	Cet Shur	d "Mal
	24 FL	INERAL DIRECTOR	The state of the s	25a. D'ATE		256. REGISTRAR'S SIGNATU	
	/	INAME TO DE	Home Ellettile	Helzion N	IAY 1 4 1987	U	
	1	ALCAL OF LEFTHANKS	TRIVE LECTER TO	C 100 C V V V V			

DHMH - 16 60M 7/84

BP.

uneral director, page 3

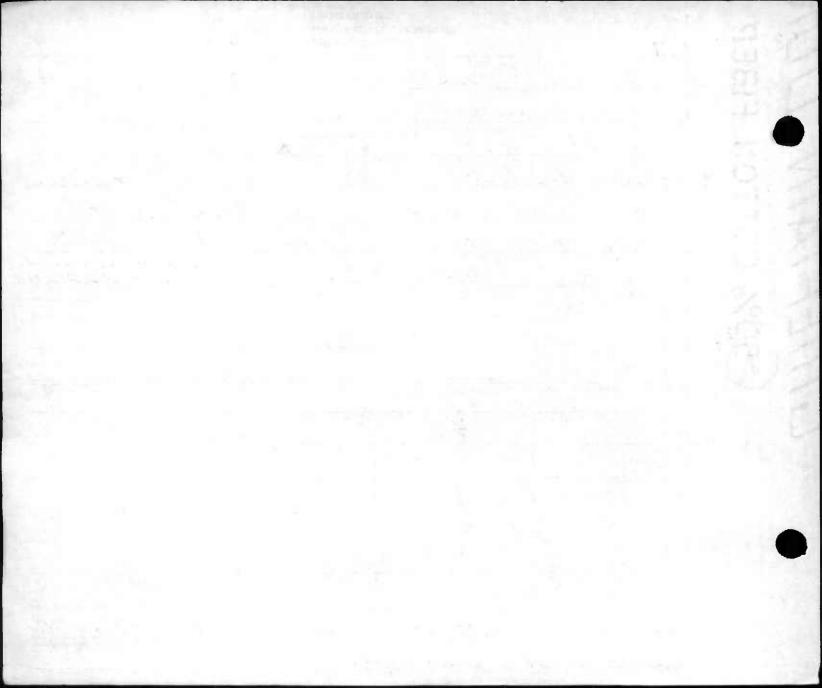
e irryscion and completely filled in opers. Pages 1 and 2 should be wol.

тоу ре

(VRA 15, 4)

TO FUNERAL DIRECTOR, after this certificate has been should be detached for use as the buriol-transit permit. I with the State Dept. of Health and Mental Hygene priori IMPORTANT. If Item 21 is marked or Item 18 shows any in

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



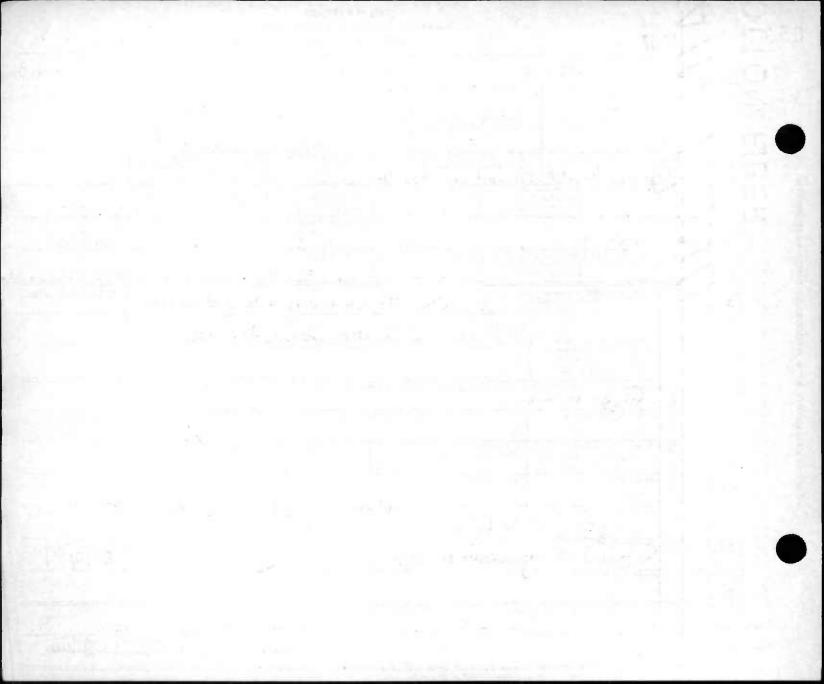
053699 W

1	ľ.	FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG.		4 2	4 9
1		CEASED NAME OR PRINT)	EFFIE		MIDDLE		200KS	20 DATE OF DEATH	MONTH 5	10 87	26 HOUR A
	1 SE	F		ACE White		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
9		RTHPLACE (STATE OR )	OREIGN 76 C		WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	BALTIMORECITY  OG V V	OR COUN	NTY OF DEATH	MD.
	0. CI	stminster	Md c	NAME OF I	HOSPITAL, NURSIN	odress)	OR OTHER INSTITUTION	170, USUAL OCCUPA ITYPE OF WORK FOR MOS HWT			OF BUSINESS OR
2	13a 5	AL RESIDENCE (IF NURSITATE	MILCOUNTY	more	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Upperd	4	13d. INSIDE CITY LIMITS? YES NO 3		s/zipco rent		21155
0	1	TONN  VAS DECEASED EVER	M M		Boss Boss		IS MOTHER'S MAIDEN NAME FIRST Annie	MIDDLE M.	RESS	Roy	yston
2		YES, NO OR UNKNOWN)	(IF YES, GIVE WA		213-74-	1520		D. Broo	ks,	Owings	Mills, Mo
	NOI	Canditians, if any gave rise to imcouse (a), static underlying couse	which hediate g the last	DUE TO, O  (b) (c) (c)	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO C	NCE OF	atic Dout	discose		GIVEN IN PART T	
2	CERTIFICATION	IN DATE OF SERA	NOI	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		YES, WERE FIND RTIFYING CAUSE YES [	
7	MEDICAL	210. ACCIDENT WAS UNION CONTRIBUTING     IF EITHER NOTIFY MEDI 21d INJURY OCCUR   NOT WIND ALL WOOD   Certify that with decease bove, (1) (we) (1)   I GNAL JEL   127d PHYSICIAN'S N.	CAUSE OF DEATH CALEXAMINER)  RED  (this haspital) did (did not) via	P.  Place Place Plat HOME STO  attended the  work the bady	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE F. e deceased fram 19	19 ARM, ETC) . ar	22e ADDRESS	city or  to 5/ death occurred an the  MEDICAL SI DIRECTOR PHY	10WN	COUNTY	
		BURIAL, CREMATION, SPECIFY) BURIAL JNERAL DIRECTOR	REMOVAL 2	5-13	-87 \$t.		I's Cemeter		AR 2/b. REC	Balto GISTRANSSIGN	Md.
		Eline Fu	neral	Home,	Hampst.	ead,	Md. IVIF	1 4 1987	Julia	Deviden.	Kurdvije

DHMH - 16 60M 7/84

MPORTANT, If Nem 21 is in

(VRA 15, 4)



STATE OF MARYLAND 055142 DEPARTMENT OF HEALTH AND MENTAL HYGIENE ] - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI OF DEATH MATED AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MONTHS DEAD 9 BALTIMORE CITY OR COL NEVER MARRIED KIND OF BALTIMORE, MD. 21201 13e. STREET MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL ALONG W DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 19
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG
TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT
AFIER DEATH, WITH THE SITE DEFARTMENT OF HEATTH AND MENTAL HYGIENE,
BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220. I certify that I took charge of the remains developed above, held an Autopsy Inspection and in my apinian death resulted from Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 07 84 BP 25M **DHMH - 17** (VR A15 ME (5))

E12 213 EDGE OF STREET PROPER PERME VENTE INJUNIOR TELL CANADA UNITED STE THE STHONESS TO PEDER ALE THAT SA COND THAT THE MALTON - STARTED THE SHARL They Bury Esterson pol 2167 DESCRIPTION HEAVE FRANCE Comment of 38-1997 Combillary Some Hangled

2218	FOR 7 STATE REGISTRAR			DEPAR		IEALTH AND MENTAL HYG	IENE 8	7 REG. NO	1	4	2	5	1
	CEASED NAME	FIRST	A	AIDDLE		AST	20 DATE O	F DE ATH	HINOM	DAY YEA	AR .	26 HOU	R
	Doro	othy		М.	Camp	bell		17,19				1	рм
3 SE	х		4 RACE		5. DATE (		6. AGE IN	YEARS LAST BIRT	HDAY)	MONINS D		HOURS	24 HRS
	Female		White		Jı	une 14,1896	90	)	YRS				
	IRTHPLACE   STATE OR F		76 CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY O	COUNT	Y OF DEAT	Н	X.,,,	
	Marylan		U.S		WIDOWI	DIVORCED		arroll					MD.
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURS		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF				BUSINE	SS OR
	Sykesville			ville E		are	Нол	nemake		Н	011	sewi	fe
	AL RESIDENCE (IF NURS	136 COU		13c. CITY OR TO		136 INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	Œ			
1	Maryland	Car	roll	Finksl	burg	YES NO 🔀		Box	414	2	104	48	
14 F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			LAST		
	George			Murray		Hanna				eh 1 man			
	WAS DECEASED EVER		VE WAR OR DATES	166 SOCIAL SE		17 INFORMANT		ADDRE	P.(	D. Box	4	14	
	No			212-36-	-1695	William M. C	ampbe]	1	Finks	sburg,	Md_	2.1	048
CERTIFICATION	Conditions, if ony, gove rise to imreouse 101, stotic underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERA	nediate ng the lost	conditions co		O DEATH BUT	Theroscleusis  NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUT		20b IF YE	IVEN IN PAR	NDIN(		
E	W-1014 V	d	4.23				YES 🗌	NO		ES 🗌	,020 0	NO [	
MEDICAL CEI	220.1 certify that	CAUSE OF DE CALEXAMINE RED	HOUR A.I  P.I  21e PLACE ( (AT HOME STR	M. MONTH M. OF INJURY REEL FACTORY, OFFICE e deceosed from	19 E FARM ETC)  10 10 10 10 10 10 10 10 10 10 10 10 10	214 LOCATION STREET	, to	CITY OR TOV	te and ha	COUNT ., 19	the co	1010(1	
	226 PHYSICIAN'S N.	EVO	Y M	. K.		22e ADDRESS	Box	127	9	Syke	w	the	me
	BURIAL, CREMATION, (SPECIFY)  Burial	REMOVA		0,1987		CEMETERY OR CREMATORY Nore National	F	Baltim				1	JATE
24 F	UNERAL DIRECTOR			ADDRESS	1630 1	Edmondson 250. DAT	E REC'D. BY	REGISTRAR	756 REGIS	STRAR'S SIG	NATU	IRE	

ADDRESS 1630 Edmondson

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

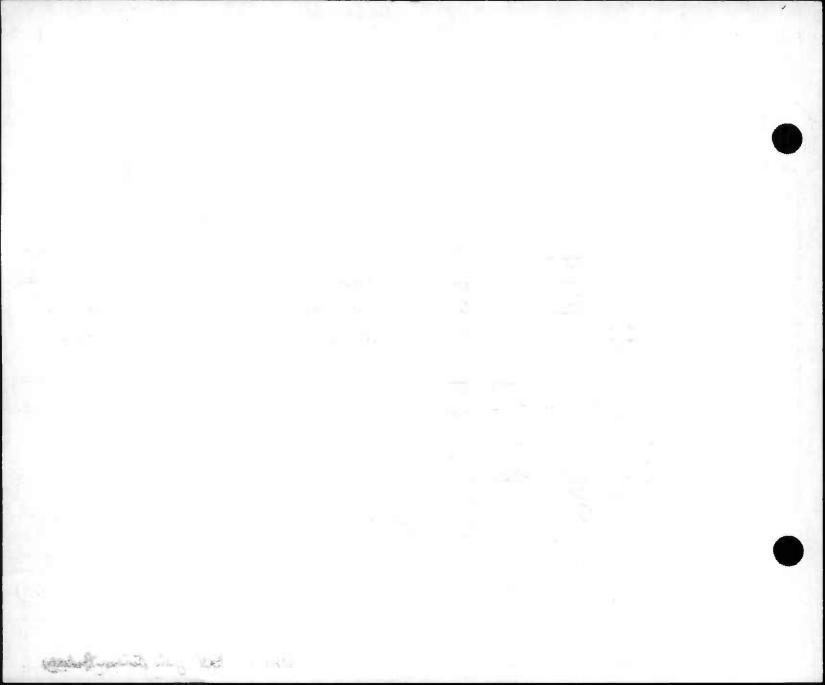
LeroyM. & Russell C. Witzke

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The

retained by the hospital ar TO HOSPITAL OR

IMPORTANT: If them 21 is marked or them, 18 shaws any injury, or other troumatic event, the



ector, page 3

4 may be

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	4	2	5	
U	REG. NO.			fi m	~	

1);	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 7	o. 1	4	2	5	2
	CEASED NAME FIRST	rgaret	Jean	_	sper	20 DATE OF DEATH		87	YEAR	26 HO	UR 30
3. SE2	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)		RIYEAR	IF UNDE	R 2 HRS
	Female	White		Jan	17, 1947	40	YRS.	MONTHS	DAYS	HOURS	MIN.
L	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		WHAT COUNTRY?	MARRIE		BALTIMORE CITY O	R COUNT	unty	y		ME
	Westminster	(IF NOT IN SUC	roll Cour	aty Ge	en. Hospital	(TYPE OF WORK FOR MOST OF HOUSEWIFE			USTRY	F BUSIN	ESSOR
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		IN CITY OR TOW Finksbur	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A	zip con	ad	210	48	
I4.FA	ATHER'S NAME VERST	illiam	Shyde	er	Bernice	A. MIDDLE	McCa	ule	y LAS	ī	
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	212-50-1		John E. Casp	er Finksbu			210	48	
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	linal disease or con	DITION GI	VEN IN I	PART 110	0	
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206. IF YE IN CERTI				TH?
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d (NJURY OCCURRED WHITE NOT WHITE AT WORK 270.1 certify that (1) (this has sow the decreased live a obove, (1) (we) (did did to 27b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)	HOUR A P P Place (AT HOME, ST	M. MONTH D.  M.  OF INJURY  REET, FACTORY, OFFICE I	19	21c HOW INJURY OCCURI 211 LOCATION STREET  21 19 20  and that ir (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	city of 10  death occurred on the di  MEDICAL STAI	wn  5/11  ofe and ha	co 19_9 ur ond fi	UNIY	that (I)	
22- 0	Lavis VI	2 He	ehn	NAME OF	STOIL LOC	- L Ran	en L	3/64		212	39
	BURIAL, CREMATION, REMOVA (SPECHY) <b>Burial</b>				een Mem. Garde	CITY OF TOWN	irg, (	Carr	ö11,	Md.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MAPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event,

OR ATTENDING PHYSICIAN: The low attending physicion.

TO HOSPITAL OR ATTEN

BP

24 FUNE FOLDURECTOR

Owings Mills, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAB'S SIGNATURE

wandmind Liver in polinica. someth melling conset 

Cold aligned a substate harborn and commences (Q1,87 ee.

		STATE OF MARYLAND
- 2	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / REG. NO. 1 4 2 5 3
255363 1011		EASED NAME FIRST MIDDLE (AST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 5
may be page	3 SE	
rige 4	7- 01	THPLACE ISTATE OR FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8
# 100 /01		RTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED MA
1/10	10 C	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  126 USUAL OCCUPATION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  170 N CONTROL OF WORK FOR MOST OF WORKING (IFF)  171 N CONTROL OF WORK FOR MOST OF WORKING (IFF)  172 N CONTROL OF WORK FOR MOST OF WORKING (IFF)  173 N CONTROL OF WORK FOR MOST OF WORKING (IFF)  174 N CONTROL OF WORK FOR MOST OF WORKING (IFF)  175 N CONTROL OF WORK FOR MOST OF WORKING (IFF)  176 N CONTROL OF WORK FOR MOST OF WORKING (IFF)  177 N CONTROL OF WORK FOR MOST OF WORK FOR MOST OF WORKING (IFF)  178 N CONTROL OF WORK FOR MOST
(3)	lisU I3a.	AL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  136 CULVEY OR TOWN  137 INSIDE CITY HAUTS?  138 STREET ADDRESS / 7IP CODE
	14. F/	Myland Carroll Sykesuile YES NOR 4-1 Bethway Dr 21184
1 1000		John Mode Cross Mary Klepper
BALTIMORE, MARYLAND 2120 cote be executed within 24 hour systom and commontal villed from ond. vol. it, the medical nature tens		(AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT PES, NO ORIGINAL SOCIAL SECURITY NO. 17. INFORMANT PROPERTY OF THE STOWN PR
: पुरुष्		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IO) MYOCARDIA UTNEAR  IMMEDIATE CAUSE ION MYOCARDIA UTNEAR  IMME
PRESION ST the cert cert carbon or re-		DUE TO, OR AS A CONSEQUENCE OF
of the de remote		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF
pred by pleas puriol. y, or e		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
OKDS	TION	SEL 20 1/2 DISORDER.  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 206 IF YES, WERE FINDINGS USED
VITAL RECORDS, No. The lose requirements from the requirement permet. They happened price to be a Magnesia and mile Magnesia and Magnesia	CERTIFICATION	YES NOS YES NO NO
physical phy		210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  OR CONTRIBUTING   CAUSE OF DEATH OF THE OF INJURY OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
OVISION OF CHARLES BY THE CHARLES BY	MEDICAL	(IF ETIMER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
DING or oth After a or th and the or	1	WHILE AT WORK IN NOT WHILE AT WORK 120 attended the deceased from 1980, to 3:18 1, 1981, that (I) (ye) last
ATTEN COOR Front S		sow the deceased alive an
AL DR. AL		PEGREE ATTENDING MEDICAL STAFF 5.30 87
HOSPITAL recined by the O FUNERAL repuld be determined the State apportunity		N. PAJEARA MD 224 Washington Hts. Werminster
2 2		URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE
BP	24 F	BUT 19 106-02-81 Crest nun Cemetary Mamots ille Howard MD INERAL DIRECTOR 1250 DATE REC [P. By REGISTRAR] 256/20EGISTRAR S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	aight funeral Home Sykesville, MD 6/1/87 Julie Davidson-Rona

and the second s

The True As As As a Co

	1.	FOR - STATE REGISTRAR			DEPARTI	MENT OF I	E OF MARYLA HEALTH AND M FICATE OF D	MENTAL HYG	0 /	REG. NO.	4 2	5 4
JUly	I DE	CEASED NAME FOR PRINTI	FIRST		P.	Dot	bler-		20. DATE OF DE		DAY YEAR	9 PM
4	3 SE	F		W.		5 DATE (	OF BIRTH H DAY	YEAR OZ	6. AGE IN YEARS	85 YRS	MONTHS DAYS	4
21	Vev	RTHPLACE (STATE OR FO	1	USA	WHAT COUNTRY?	WIDOW		ORCED	9 BALTIMORE	CITY OR COUNTY	unt	MD.
O September 1	West	Residence (18 NURSIN	IG HOME OR OTH	IF NOT IN SUC	H FACILITY, GIVE STREET  C. C  GIVE RESIDENCE BEFORE	ADDRESS)	6.7		134 PE OF WORK FOR	sewife	O 1 1	ome
iner mest	1	MD.	Carr		Westmi		15. MOTHER'S	MAIDEN NA	1214 ME	Map le C	rest	Drive
lical exolm		Alexande		PORCES?	Benne		17 INFORMAL		I	agdalen ADDRESS		erry
it, the med	Ť	18 CAUSE OF DEATH	(Enter only o	ne couse per	148-1		10D	Inez I	Kievnin	g, 13e	APPRO BETWEEN	IXIMATE INTERVAL NONSET AND DEATH
or other troumatic ever			which ediote the	DUE TO, OF	RAS A CONSEQUE		<u>'</u> 3 ]]	15egs	٩		Go.	~~\$
ws ony injury, o	CERTIFICATION	PART 2 OTHER SIGN	Dant	e ur	ONTRIBUTING TO I	raci	t in lea	tion	Suice 200 AUTOPS	5 14 57 206. IF YES	WERE FIND	
d or frem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE WHILE NOT WHIL	LUSE OF DEATH AL EXAMINER)	P.I	M. MONTH DA	19	216 HOW IN.		RED (ENTER NATURE	OF INJURY IN ITEM 18 P	- Land	
Item 21 is morked		27a.1 certify that (I) ( sow the deceosed obave, (I) (we) (did	this hospital)	4/59	12 19	(e)	nd that in (my)	., 19	, to	n the date and hou	r and from th	that (I) (we) last e couses stated
APORTANT: IF IS		22d. PHYSICIAN	ARIC	OFE	mp.	m		5	MEDICAL DIRECTOR D	STAFF PHYSICIAN []	S/=	Md 2179

731 NAME OF CEMETERY OR CREMATORY

Restland

Westminster, MD

Memorial Total MCRIS

750 DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNATURE

T, MD JUN 01

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

К.

Burial

24. FUNERAL DIRECTOR

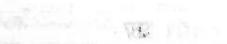
Robert

736 DATE

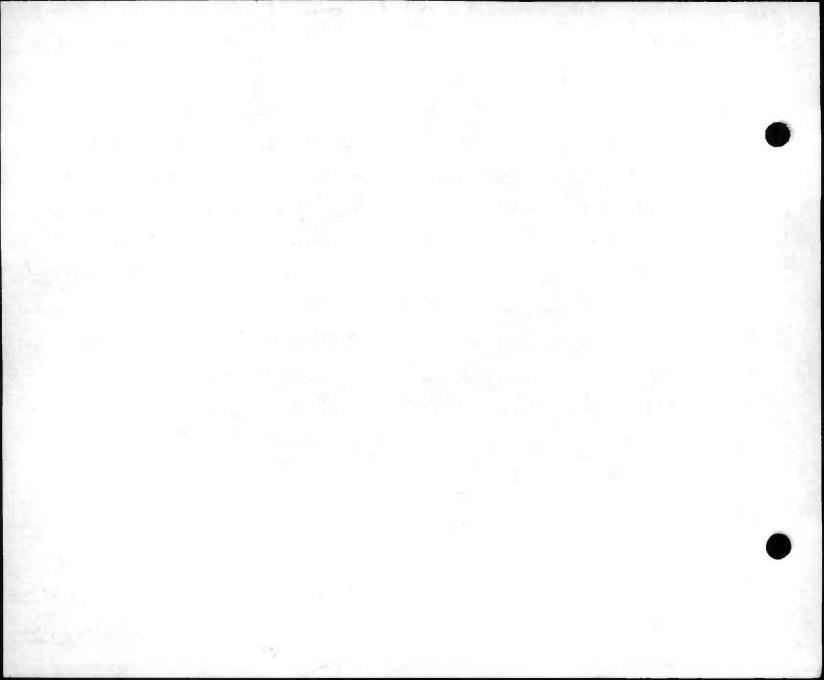
Pritts, Sr.,

Washington

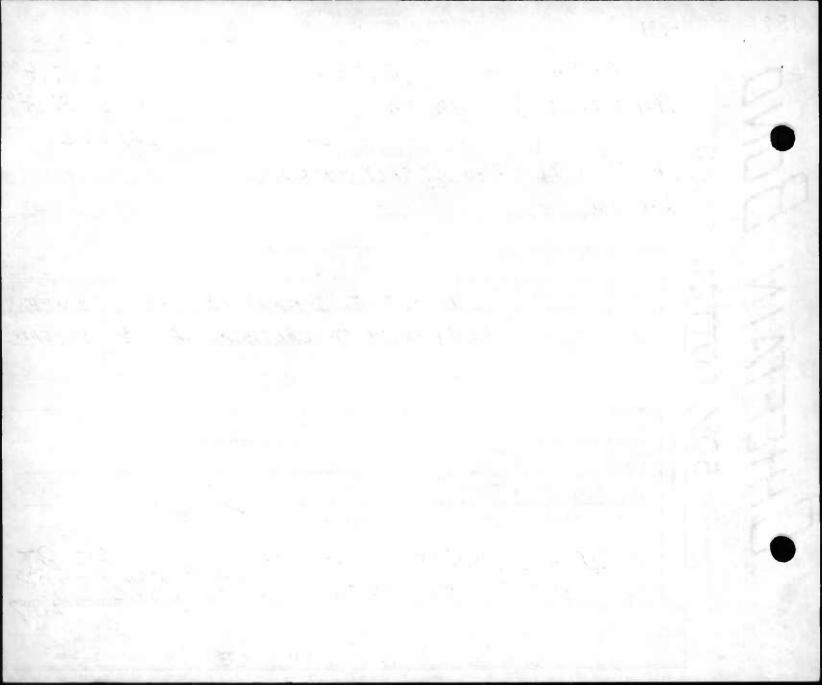




		FOR	DEDAD	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	CIENE	
MY 14	37	STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	8 / <sub>REG NO.</sub>	4 2 5 5
deod.		CEASED NAME FIRST OR PRINT)	MIDDLE	DURS	20. DATE OF DEATH MONTH	. 6 . 87 5 10 A
01161 00	3 SE		1 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
TE	7a B	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUL	NTY OF DEATH
Separation of the separation o		TY OR TOWN OF DEATH	13. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN	MD.  126 KIND OF BUSINESS OR  165 LIFE INDUSTRY
100	USU	LINE BORO AL RESIDENCE (IF NURSING HOME	5237 S MILL  OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	Stant	HOUSEWIFE	2 115
35	130	MARY LAND CI	ARROLL 130 CITY OR TO	NO YES NO IN		STREET
14	14 F/	ATHER'S NAME PIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NO.	AME MIDDLE	1/bright
redice	H68 V	VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	4012 Paul Baugh	ADDRESS	il St Lineboro Md
t, the n		18 CAUSE OF DEATH Enter of	only one couse per line for (a), (b), a	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ceven	A	PART I. DEATH WAS CAUS	ATE CAUSE (0) CEREP	180-VASCULAR AC	CIDENT	
umate		Conditions, if any, which	DUE TO, OR AS A CONSEQ	WYPERTENSI	00	
ther tra		gove rise to immediate couse 10%, stating the underlying couse lost	DUE TO, OR AS A CONSEQ			
or or	3		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CONDITION	GIVEN IN PART 115
Golu	NO	PERIPHE		D		
in Z	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
m 18 show		216. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
sed or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE  NOT WHILE	P.M.  Place of injury (at home, street, factory, office	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
is mork		220 Certify that (I) (this has	pital) attended the deceased from			, 19, that (I) (we) lost
em 21		sow the deceased alive a above, (I) (we) (did) (did n 27b. SIGNATURE	ot) view the body ofter death.	DEGREE	death occurred on the date and	22c. DATE SIGNED
T: #		Mayar	13 -	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	5.6.87
Z I		27d. PHYSICIAN'S NAME OFF		77e ADDRESS		MANCHESTER MD 21102
ORT		/ // // // // // // // // // // // // /			clies of whip	
IMPORT.	23n E	S.D. MOR		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
With the State	230 E			NAME OF CEMETERY OR CREMATORY	Bradbeck	



152	602 MY	7	FOR7				D	EPARTM			ARYLAN	ND ENTAL HY	GIENE						
1002	002111		FOR7 STATE REGISTRAR				MED	ICAL E		R'S C	ERTIFIC		DE	н7	REG. N	6 4	2	5	0
2	3×32±		EASED NA		NA		H	WIDDLE	E		=n2			DATE KI OF DEATH A	ESTI-	MONTH 5	- <b>2</b>	VEAR TO	16 00 M
	ON STREET	3. SEX	EHALI	F W4	4.17年	MONTH OF	OF BIRTH	1888	AGE (IN YEAR LAST BIRTHDAY	MONTH:	DER I YR.	IF UNDER 2	MIN PR	DATE ONOUNC DEAD		5 MONTH	Z	87	B M
•	NECESSA STOREGA NOTES	FO	RTHPLACE REIGN COUNTR Irgin				U.S.A	•		WIDOW	0	DIVORCE			RE CITY O	AR	RO.	LL,	DUNTY
	PAGE CONTROL OF THE PAGE C	W	EST	MIL	STE	2 2	ME OF HOSP OT INSUCH FAC STITUTION, GIVE	BLC	TAN	1EX	RINSTITU	UAH	EOR MOS	Arti	NG LIFE)	PE OF WORK	OR	ID OF BUS INDUSTR' -Emplo	Υ
0, 21201	F ANY E STAN	13a S	AZYL	AM	13b COUN Carr	TY	ISTITUTION, GIVI	13c CITY C			3d. INSIDE (	ХХои		Old	s Taney	ytown	Roa	d 21	157
DRE, MC	45 TO		THER'S NAME OF THE PROPERTY OF	WN		MIDDLE		Ę,A			U	R'S MAIDEN IRST NKNOWN		MID				AST	
MILLIM	S ATTER GIVE PA TH FOR PAGES I	(4	VAS DECEAS ES, NO, OR UNK	SED EVER	(IF YES, GIVE				-62-05		irs.	Jean C	reame	er	Wes	40 Ol	ster	, PID	own Rd 2115
ST.	FHOUR DNG W SMIT SENE, DI		78. CAUSE PART I	OF DEAT DEATH W	'AS CAUSEI	D BY:	E (a) CC	or (a), (b), o	end (c).)	VE	pt	EAP	TF	7/2	VER	=	BFTW	PROXIMATE I	AND DEATH
Ol W. PHISTO	TED WITHIN 2 N PERCEL ANT XAMINER AU AL TRANSIT P MENTAL HYG N, OR REMON		gave cause	rise ta	any, which immediate the under-	)	(b) PA	TERN	OSLE	NO7	JC C	HAR	IDUA	KYU	212	DE	, 1	oyl	EARL
ORDS.	DING: 1 DICAL E S A BURI TH AND EMATIC	No.	PART 2 OTHER	L SIGNIFICAN	T CONDITIONS	CONTRIBUT	ING TO DEATH BI	UT NOT RELATE	O TO THE TERMIN	(AL DISEASE	DR CONOITIO	N GIVEN IN PART	T (0).						
TAL REC	HEN GALL	CERTIFICATION	19a. DATE	OF OPERA	ATION		196 CONDITI	ION FOR W	HICH OPERA	TION WA	S PERFOR	MED?			N.			UTOPSY?	NO 🗆
NO NO	A THE CONTRACTOR THE CONTRACTOR TO BE CO		21a. EXTER UNDERLYII CONTRIBU	NG D			TIB. TIME OF HOUR A.M.		DAY YEAR	21c. HO	W INJURY	OCCURRED	ENTER NAT	URE OF INJUI	RY IN ITEM 18	PART 1 OR P		23 🗀	NO
DIVISION	ATE, WRITING TO CARE, WRITING TO FORWARDED TO OR: PAGE 3 SHOU HE STATE DEPART ND, 21201 PRIOR	MEDICAL	2)d. INJUR WHILE AT WORK	Y OCCUR	RED		TE PLACE O	F INJURY DRY, FARM, ETC	(AT HOME,	ZII LOC	ATION		C	CITY OR TOW	٧	CC	YINUC		STATE
	MANNER: THE CATE, VIET			ertify that		ge of the	remains desc	ribed abave	e, held an	Autaps	Hamid	Inspection	Undetern	Inquiry (		nd in my a	pinian		
	NL EXAMNER: HE CERTIFICATI HOULD BE FOR AL DIRECTOR: TH, WITH THE S. MARYLAND		ACTUAL SIGNATUR	(	Drie	09	Wel	Deus	er	M.	135	P DE	PAFDIC	N EX AMB	NER	DATE	5	28	27
	TO MEDICAL EXAL EXECUTE THE CERT PAGE A SHOULD TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY	1	EXAMINER (TYPE OR P	'S NAME	DANI	包	I. 1	WEL	LIVE	2 M	DORESS	250 W/	ESY	SUL	1205	50	HE	= 16 P	475.
			JRIAL, CREA		EMOVAL	5/4	/97		AME OF CEM				23d LOCA	IOWN	110	Rol+	inty	SIA	127
07/84 25M	BP		remat		Byers		neral					25a. DATE RE				ISTRAR'S		e, M	
	DHMH - 17 (VR A15 ME (5))						Randal				33	MAY	4 19	187	Julia ,	Dandy	n. Ras	doces	



05505

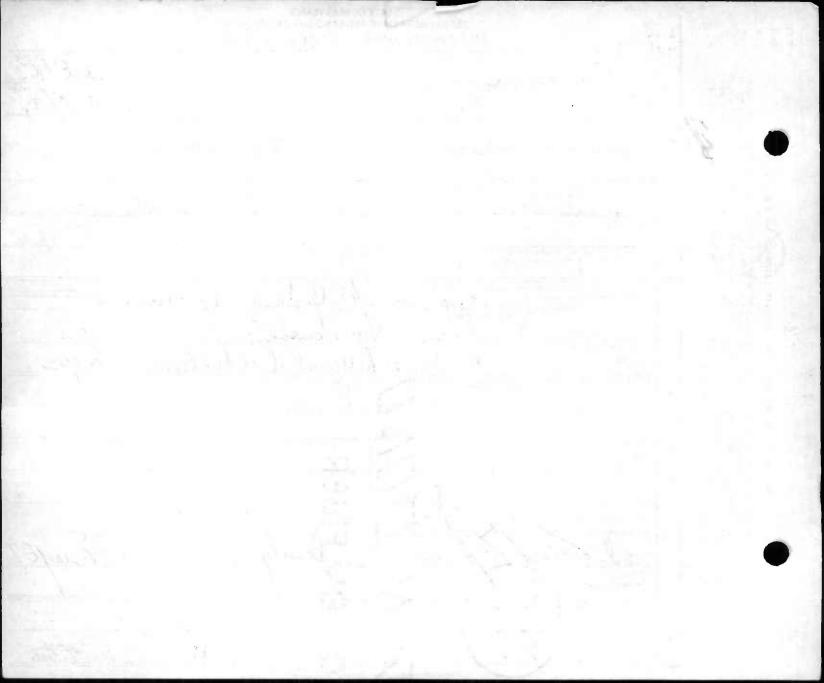
FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

WILL-0	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
-5	SADIE	3	FOLK	05 30	1901 9:30 1
1 SEX		RACE	DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 21 HRS
70-970	THPLACE (STATE OR FOREIGN 7b	CITIZEN OF WHAT COUNTRY?	11 03 1890	9 BALTIMORE CITY OR COUNTY O	DEATH
5 5	SUM(THY)		MARRIED NEVER MARRIED	PALLIMORE CITY OR COUNTY C	
No Cit	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Vin	stone los	(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
13a S1	ATE N36 COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE AL		La stores Abbosos (310 coor	(144722)
9	On Wile.	PK HODOVO	13d INSIDE CITY MAITS?	130 STREET ADDRESS / ZIP CODE	disc 1331
IS EAT	HER'S NAME		15. MOTHER'S MAIDEN NA	ME MIDDLE	iag .
100	nartin s	Hainter	Susan		bauch,
	AS DECEASED EVER IN U.S. ARMEI	AR OR DATES)	10	ADDRESS	0
	NO	218-34-1	128 COLAY LICA	DIMO LANGEN	CLV
	18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B			10-	BETWEEN ONSET AND DEATH
11	IMMEDIATE C	AUSE (a) CONGEST	IVE HEART FAIL	VRE	WEEKS
		DUE TO, OR AS A CONSEQUEN	CE OF	VASCULAR DISEAS	YEARS
	Canditions, if ony, which gove rise to immediate			173CO-171 B 13C 110	JUINO
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF		
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	N IN PART 1 a
NO.					
J CA	90 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
E	The second was a second with a second with a second was a second with a	ATT TIME OF BUILDY	Tal. How billing occurs	YES NO YES	
7 5	210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART ?)
MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 ZII LOCATION		
ME.	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY STATE
	220   certify that (1) (this hospital)	ottended the deceased from	9/10 19.8/	10 7/20 19	2.37 that (I) we lost
		1	, and that in (my) our opinion	death occurred an the date and hour o	
	22b. SIGNATURE	lew me body orier deam.	DEGREE		THE DATE SIGNED
	Mm R I	med , m)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/30/8/
	PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS		
	Wm. K. LIN	THICUM, MI	TANEYTO	NON, MARYLA	ND 21787
23a BU	MORNING .		ME OF CEMETERY OR CREMATORY	23d. LOCATION OITY OR TOWN	THE THE
24 FU		June 2,1987 L	AZAVUS CEM	EREC'D. BY REGISTRAR 25b. REGISTRA	Avioll, Md.
84 8	Jan 1 - 44	the lygess	La La Lu HIIIN	A TANAMINA A LOS SINOS	AK S SIGNATURE
1/4	way nghin	VIIIIC	nes rec, mapun	7 1301 7	

the transfer of the second of x Contracts of Contracts SERVING PACK AND THE STATE OF T A DELL'ER LE LES SANTES CONTRACTES DE L'ANDRE L'ANDRE



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

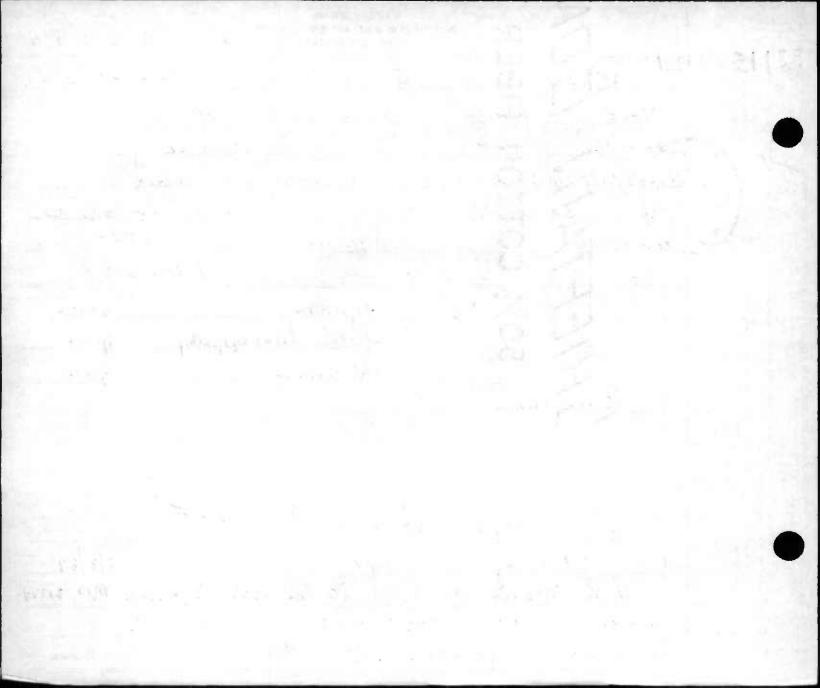
( h	200
O	1
-7	REG. NO

1	- STATE REGISTRAR		CERTIFICATE OF	EATH	REG. N	0.	4 2	5 4
I,∂D erv	ECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY		b HOUR
	SLOAN		GRISWO	LD		5-8-	-87	5 A.N
3. S	EX	4 RACE	5. DATE OF BIRTH	THDAY) IF (		FUNDER 24 HRS		
1	MALE	WHITE	8-16-	26	60	YRS		
7a. 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER	MARRIED 🔽	9 BALTIMORE CITY C	R COUNTY OF	FDEATH	
	ISA - MD.	USA	WIDOWED D	VORCED	CARRO	14		MD
110 0	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV	JURSING HOME OR OTHER INS E STREET ADDRESS)	ITUTION	128 USUAL OCCUPAT		126 KIND OF I	BUSINESS OR
15	YKESVILLE MD	SYKESVILLE		ENTER	STOCKE	ROKER		
130	UAL RESIDENCE (IF NURSING HOME O STATE	NTY 134 CITY O			13. STREET ADDRESS			2111/
1704	ATHER'S NAME	LTIMOREOWIN	IGS MILLS YES [	NO 🔏	11134 KE	15TERS	STOWN	RS.
17	FIRST		ST 1 DAI	FIRST	WIDDLE	Robe	rts >AST	
1	WAS DECEASED EVER IN U.S. AF		L SECURITY NO. 17 INFORMA	NIT	ADDR		-	
	(YES NOOR UNKNOWN) (IF YES SI	VE WAR OR DATES	2-0011 SEC		og second		21784	
-	18 CAUSE OF DEATH (Enter o		2 70/1	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ATE INTERVAL
Н	PART I. DEATH WAS CAUSI	ED BY	reardial Sufare	tien			mine	-
	IMMEDIA	9	9				777,000	0100
	Canditians, if any, which	DUE TO, OR AS A CON	SECUENCE OF ALCOHO	ic Car	dimuranath	lac	hea	M
	gave rise to immediate couse (0), stating the	DUE TO, OR AS A CON			101	1		
	underlying cause last	DOE TO, OR AS A CON	ALCO!	stim			wen	u
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART To	
ON	Schungen	huenia						
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFO	RMED	20a AUTOPSY?	206 IF YES, W	VERE FINDING	S USED
E					YES NO	YES [		NO [
Ü	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR 216 HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DE	Ain	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM FIG.) STREET	N	CITY OR TO	NWN	COUNTY	STATE
1	AT WORK NOT WHILE		A 1	0.1		- ·		
1	22a I certify that (1) (this hosp	102 -7	from July	19 86	_ to Black	19.	the	at (I) (we) last
	saw the deceased alive or above, (1) we) fold (did no	at view the body after death.	19 and that in my	(aur) apinion o	death occurred on the d	ate and haur a	nd fram the ca	uses stated
	201 CICALA MARC		DEGREE				226 DATE SI	GNED
		n'Evan	MIS	PHYSICIAN E	MEDICAL STA		5/8	87
	224 PHYSICIAN'S NAME (TYPE	10.0	22e ADDRES	S		1 0	1 000	
	MKIV	1- Evoy	1 10	Dat	1225 >0	z kesvil	Le Mir	, 5118
23a.	BURIAL, CREMATION, REMOVAL		231. NAME OF CEMETERY OR	REMATORY	23d LOCATION		OUNTY	STATE
	Cremation	5/9/87	Carroll Cremat		Hampste	ead, Md	•	
	FUNERAL DIRECTOR	40	DRESS M.J. 01100	25977	Y 1 1 1987	25 REGISTRA	R'S SIGNATUR	≀E
	Eliñe Funeral Ho	ome Keisters	town, Ma. 21136	IVIA	1 7 7 1901	chura De	Mann-Kon	relate.

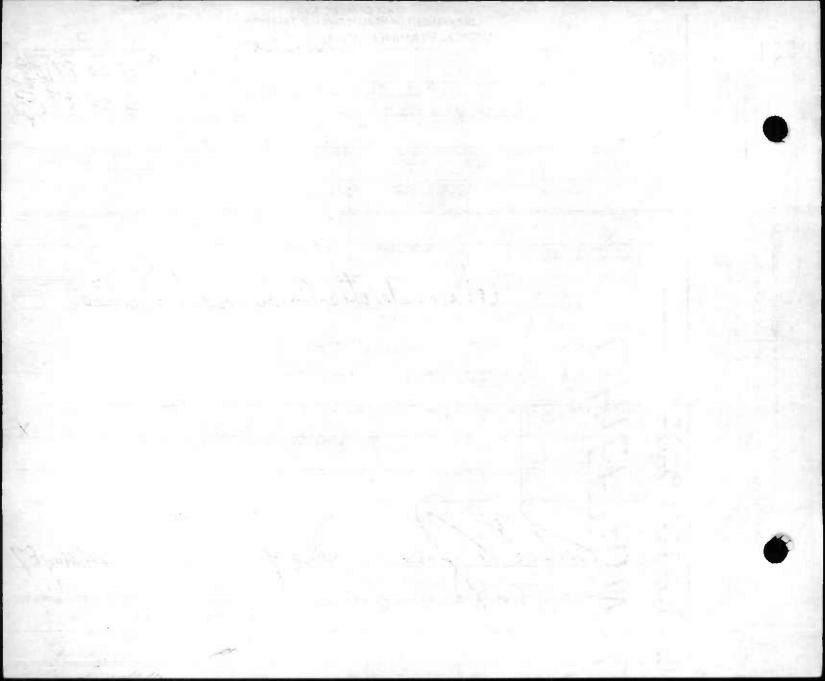
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IL OR ATTENDING PHYSICIAN. The low the hospital or offending physicion.



		1-	FOR STATE REGISTRAR				EPARTMENT	OF HEALT	MARYLAND H AND MENT. CERTIFICAT		ATL	d NO. 4	260
155	19 i JUN		CEASED NAM	E	FIRST		MIDDLE		LAST	Jour -	20. DATE KNOW		DAY YEAR 26. HOUR
	SE. SE. RS. ET,	474	PE-DR PRINT)	EMII	.Y	ELLE	EN	HARTSO	CK		OF ESTI-		24,87 25
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	X	4 RACE		DATE OF BIRTH	YEAR 6 AGE (	IN YEARS IF L		NDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR 2d MOGR
	YOU YOU YOU		MALE	WHI	TE M	ARCH 16	1905 82	YRS.			DEAD	5	24 190 / 1 3 M
	<b>\$275</b>	FC	PENNA:			USA		WIDO	4.5	AARRIED	9. BALTIMORE CI	_	MC MC
	1000 D	NE	W WINDS	SOR	1	.011 CHAF	EL ROAD	ESS)	HER INSTITUTION	12a US FOR	WAL OCCUPATION MOST OF WORKING WEE HOUSEWIF	(TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
10001	1485	13a S	AL RESIDENCE TATE IARYLAN	13b	G HOME OR OT COUNTY ARROLI		RESIDENCE BEFORE AD 113c. CITY OR TOW NEW WINT	/N	13d INSIDE CITY LIM	1152   13e. STE	REET ADDRESS	ROAD	2/776
ON ON	112/1	14. F	ATHER'S NAM		M	NDOLE	LAST		15 MOTHER'S A	AAIDEN NAM		1000	LAST
2	HANGE OF	_	HOWA	RD	H	AYS H	INDRICKSO	N	NANC III. INFORMANT	Y		WEN	NILING
TIMO	URS ATTER 8 GIVE PAG WITH FOR PAGES 1 DAVISION C	160.	WAS DECEASE YES, NO, OR HINKIN	DEVEK IN (	U.S. ARMED YES, GIVE WAR	O FORCES?	214-05-5			NDRICK		FRAZIEF	R VILLAGE
RECORDS, 301 W. PRESTON 57.	BE EXECUTED WITHIN 24 HO VIDING" IN PENCIL IN TERM I MEDICAL EXAMINE ALONG AS A BURIAL TRANSIT PERMI TITH AND MENTAL INGERIA MATION, OR REMOVAL	CERTIFICATION	Conditio gave r cause (a lying ca	ns, if any, se to imm ) stating the use last.	MEDIATE C which mediate under-	(a) CAUSE (a) DUE TO, OR A  (b) DUE TO, OR A  (c) TRIBUTING TO DEATH BL		CE OF	ASE OR CONDITION GIVEN		sealo	//-	BETWEEN ONSET AND DEATH  20. AUTOPSY?
TALI		일				INC. CONDIT	ONTOK WITHEIT	, EKANON	WAS FERT ORMED:				YES NO M
DIVISION OF VITAL	RTIFICATE SHO IG THE WORD TO THE CHI SHOWID BE US PLEASE OF	CAL CERT	210 EXTERN UNDERLYING CONTRIBUT	OR				EAR	HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PA	
DIVISI	R: THIS CERT FE, WRITING SRWARDED : PAGE 3 SH STATE DEP 21201 PELSI	MEDICAL	21d. INJURY	NOT WH AT WOR	ILE	21e. PLACE O	F INJURY (AT HON DRY, FARM, ETC.)	E, 21f. L	OCATION STREET		CITY OR TOWN	СС	OUNTY STATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO WINERAL DIRECTOR: P ALTER DEATH, WITH THE ST BALLINGE MARYLAND, 21;		death result ACTUAL SIGNATU EXAMINER'S (TYPE OR PRI	NAME DE	ehe.	CHARD JO	TO PRINCES	Suicide	Hancide TITLE SPECIF	OLL CO		and in my of , DATE SIGNI HOSP . WE	9440487
		230. B	URIAL, CREMA SPECIFY) RITE	RIAL		Y 28 198			OR CREMATORY IAL PARK	CI IV	OCATION IBERLAND A	ALLEGAN	NY MARYLAND
	BP	24. F	UNERAL DIREC		[1125		DOMOLI	THE ION			Y REGISTRAR 25b.		
	(VR A15 ME (5)) 15M 7/77		SILCOX-	MERRI	TT FU	NERAL HO	ME CUMBE	RLAND	MARYLAND	UN 1	1987 Juli	a Divideo	n. Randallo



RYLAND 21201	min 24 hours after
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Total State of the last
W. PRESTON ST.	hot the death certif
TAL RECORDS, 20	The low requires a
DIVISION OF VIT	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certification
(	OR ATTE
	HOSPITAL
	0

retained by the haspital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

moy be

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1	1	A	1)	6
-	REG. NO.		6 0	9

	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER				
		male	cauc		11-	12-00 YEAR	86	MONTHS DAYS	HOURS				
27		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH					
	9	Maryland	USA		WIDOWE	DIVORCED	Carrol1						
(	W	estminster	(IF NOT IN SUC	A'RROLL"	DORESS)	GENERAL	OTTO DEA						
3	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO ryland Ca		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Westmins	N	13d. INSIDE CITY LIMITS? YES NO [	94 W. Gree	en Street 2	113				
a	14. F.A	HARRY C	MIDDLE HU	LL LAST		15 MOTHER'S MAIDEN NAME FIRST FANN II		MYERS LAST					
1	16a V	VAS DECEASED EVER IN U.S. (15 YES, CO OR UNKNOWN) (15 YES, CO	ARMED FORCES?  NONE  NONE	213-01-		IT INFORMANT ELEANOR NI	ADDRE ESS 13e	21157					
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	line for (a), (b), one ardio-pul	d (c).1			BETWEEN OF	NATERINE NSET AND				
s any injury, or all	CERTIFICATION	PART 2 OTHER SIGNIFICAN 180 DATE OF OPERATION	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	C CATTIONASCU NOT RELATED TO THE TERM N WAS PERFORMED	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  200 AUTOPSY?  200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA						
Show 1	RTIF	71a ACCIDENT WAS UNDERLYING	21b. TIME O	F INTUINV	15.	Tal- NOW BUILDY OFFICE	YES NO	YES 🔲	NO [				
2 4		OR CONTRIBUTING CAUSE OF	EATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURE	(ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)					
or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE		19	211 LOCATION							
y ed	M	WHILE AT WORK AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOV	WN COUNTY	51				
S   2		220.1 certify that (I) (that a saw, the deceased dive above, (I) wax (did) (A)	- 1	4	June	e	to preser		hat (I) (v				
Ten		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN											
Z		Richard Y. I	21 4	, M.D.	7	Carroll Plaz	a, Westmins	ter, Md. 211	57				
T AND		Ita on a la la											
MACKIANI	23a. {	BURIAL, CREMATION, REMOV,			PE CE	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STA				

n_:	7:-27-3		lpa ".D. Bull	nife -
		11-12-07	cine	0
	Llower Library	· ·		1 - 5
		ABOUT HE SAME		)
	describ monet . A at	- ^; - r.:		bn t
			- ) <b>i</b>	
		of the rug two	ion n	
	off at a fix		0 . 1. 1	
	2001074	uu u	7	
		38	,	2 2

extensed by aslaymate, H.H.

	1	FOR - STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO		4 2	6 2
EFAL IN		CEASED NAME	FIRST		MIDDIE		AST		MONTH DAY	YEAR	26 HOUR y
5501 gill -1	17.00	EORPRINT) EDI-	TH	Gro	ove	HU	MBERT	M	AT 24	87	1205P
p od e	3 SE	Х	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDERTYEAR	IF UNDER 24 HRS
ge 4	1	FEMALLE	301	W		MONTH 05	DAY YEAR	72	YRS	1H5: DAYS	HOURS MIN
ricol dir. 72 hours	FO B	RTHPLACE (STATE OR FO	REIGN 71	USA	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
de charte	10.0	ITY OR TOWN OF DEAT	н 1		HOSPITAL NURSIN	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPATI	ON I	SE KIND C	F BUSINESS O
by the lifed with	/ .	ESTMINSTER		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	L HOSPITAL	housewi	F WORKING LIFE)	NDUSTRY 110	
ND 212			BL COUNT	Υ	13c CITY OF TOWN	ν,	130 INSIDE CITY LIMITS?	31 Chase	ZIP CODE St.	2115	7
MARYLA mpletely ond 2 sh	14.F	ATHER'S NAME FIRST Willia		DDUE	Grove		15 MOTHER'S MAIDENNA Edith	ME	An	gevi	he
TIMORE,	160 WAS DECEASED EVER IN U.S. (18 YES, NO OR UNKNOWN) (18 YES				wed forces? 166. Social security no. 17 Informant ADDRESS 220-26-7423 Richard Humbert, 13e						
parent that the death certifical street by the attending physics are also be the second of the secon	NO	Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	PR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN		MAJE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, This British and the sequence of the children from the sequence of	CERTIFICATION	190 DATE OF OPERATI	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2 YES NO	20b IF YES, W IN CERTIFYIN YES		
OF VITA  SCIAN T  S physic  software  software	7	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH		OF INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	ORPART 2)	
IVISION OFFERDAMENTO The first of the burner f	MEDICAL	21d INJURY OCCURRE			OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
AL OR ATTENDING the hospital or AL DIRECTOR, At CHECTOR, At Central for the part of Health		220 1 certify that (1) ( saw the decease above, (1) (we) (di 22b 3 GNATURE	d alive an_	MAT	24 195	37, or	od that in (my) (aux) apinion a DEGREE ATTENDING	., 10	ate and hour an		

TO FUNERAL chould be deto with the State S WPORTANT IF TO HOSFITAL 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)
Burial
24 FUNERAL DIRECTOR Finksburg Carroll Memorial Washington Road Westminster, Md. DHMH - 16 60M 7/B4 (VRA 15, 4)

BLVD

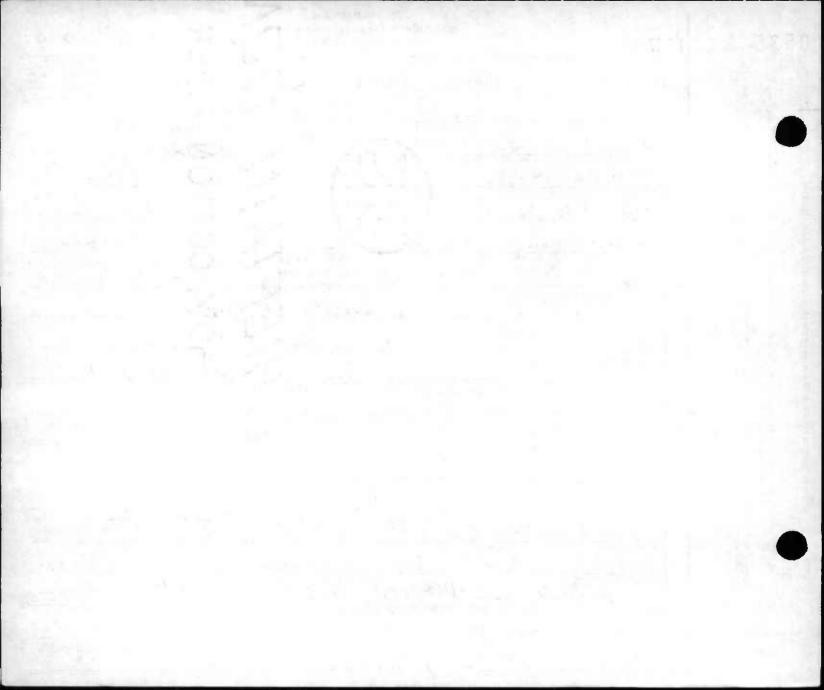
Will the dealer Bern

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

053568 IN	15	STATE BEGISTRAR		DEPART	CERTIFICATE OF		REG. N	0.	42	6 3
e pe	1. DE	CEASED NAME FIRST	^	IAHA	Kelly		20 DATE OF DEATH	MONTH DAY	- F7	26 HOUR 915P
oy be	3 SE	1.100	4. RACE	THILA	S. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY] IF	UNDERIYEAR	IF UNDER 24 HRS
ge 4 m	ŕ	emale	Capeas	ian	3 20	93	94	YRS		HOURS MIN.
Pod di	7e Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED DEVER	MARRIED -	9 BALTIMORE CITY	R COUNTY O	FDEATH	
nero mero	1	navyland	1 05			IVORCED [	Car	1011		MD.
ofter d	Š	TY OR TOWN OF DEATH		HOSPITAL, NURSING	APDRESS)	ntar	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		126 KIND OF INDUSTRY	BUSINESS OR
2120 2120	USU		OTHER INSTITUTION		ADMISSION)		1		(DATE	21136
AND 24 H		md Bi	Alto	Resta	Stown YES [	NO T		staut	14,11 4	A. West
MARYLAND ed within 24 mpletel, fill and 2 Exonali	) FA	Albert H	MIDDLE	St FRI		SMAIDEN NAM	a MIDDLE		Coop	100
			MED FORCES?	166 SOCIAL SECU			CIA RYAN ADDR	ESS 134 C	Lestine	+ HILLOID
BALTIMORE,	Company (	(IF YES, GI	E WAR OR DATES)	316-30.	4707 940	to IPN	, rynn	Reist	erstow	in lud
, BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per D BY:	r line for 101, (b), or	0	ed at	las Ane	4	APPROXIM. BETWEEN ON	NATE INTERVAL NSET AND DEATH
LST.		IMMEDIA	TE CAUSE (0)		Constru	1 year	1			-
10 th			DUE TO, O	R AS A CONSEOU	ENCE OF	1-	Ilus.	,		
RES de de		Conditions, if any, which gave rise to immediate	(p)_		Ash	Str	1	ma		
hat the deoth cert by the effective ose removed to contract to the cert ose removed to the contract of the cert		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEOU	ENCE CELLE	vage	ula Aq	cillen	1	
res t gned n ple burro		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
RDS	O.									
L RECORDS,	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFO	DRMED	20e AUTOPSY?		VERE FINDING NG CAUSES C	
VITAL	CER.	210. ACCIDENT WAS UNDERLYING			21c. HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJU			
OF CLIAN CLIAN OF PHYSICAL PHY	_	OR CONTRIBUTING CAUSE OF DE		.M. MONTH D	AY YEAR					
DIVISION OF VITAL  OUT PHYSICIAN The outending physicion of the this certificate hos the buriol-tronsis in the and Mental Hygies orked or them 18 show	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	21f. LOCATI	ON	CATY OR TO		COUNTY	STATE
DIVISI ING PI of the of the order of the order orked	3	WHILE NOT WHILE AT WORK	{AT HOME, ST	REET, FACTORY OFFICE, I	ARM, ETC ) STREE	T .	CSTY OR TO	JWN	COONIT	STATE
Do de solo		220.1 certify that (I) (this hosp	ital) attended th	ne deceased from	April	1986	_ to Mars	Q. 19	57.1	not (I) (we) lost
R ATTEN hospital RECTOR RECTOR red for u spt. of H		sow the deceased alive or	MAY	193	and that in (my	) (our) opinion o	death occurred or he d	or ond hour a	nd from the co	ouses stated
		776. SIGNATURE	1/4	2//	DEGREE				274 DATES	IGNED
PITAL O by the ERAL D Store D Store D				1	)	ATTENDING PHYSICIAN	MEDICAL STA		5/1	1/80
O HOSPITAL etorned by the TO FUNERAL hould be det with the Store MAPORTANT:		224 PHYSICIAN'S NAME (TYPE	OR PRUM)	= i Drake	27e ADDRE	SS ( la al	10 10 Si	50.6	Q- 00	Culous .
TO HOSP retained TO FUNE should be with the	200	LUIS C	1/2	100	MD 9	17/0.	Caros "		ma	Ma 2120
BP	730 E	SPICIOL CREMATION, REMOVAL	236. DATE MAy 12	/	NAME OF CEMETERY OR lew Cathed	10	23d LOCATION	uore.	Wid.	STATE
	24. FU	INERAL DIRECTOR	1 1	1	12	(10) 250 DAT			R'SSIGNATU	Banda M.
OHMH - 16 60M 7/84 (VRA 15, 4)		Am / - Zale	harlt,	Owing	s Mills luc	/ N	1AY 1 4 1987	0	minos -1	7

FOR



th Page 4 may be

ural director, page 3

Red in by

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other traumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon popers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

DHMH - 16 60M 7/84 (VRA 15, 4)

,		FOR STATE REGISTRAR			ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 <sub>REG. N</sub>	0.	4 2	6	4
		CEASED NAME FIRST Catheri		DDLE	V	nion	70. DATE OF DEATH	MONTH DAY	S7	Ch HOUR	
	3 SE)	Female	4 RACE White		5. DATE C		6 AGE (IN YEARS LAST BIS		UNDER I YEAR	IF UNDER 2	MIN.
1	-	RTHPLACE (STATE OR FOREIGN COUNTRY) N.Y.	U.S.A		MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	rroll			MD.
2	We	stminster	2013A S	nyders	burg	ROTHER INSTITUTION Rd.	TYPE OF WORK FOR MOST ( HOUSEWI	DE WORKING HEEL	126 KIND OI INDUSTRY	F BUSINES	SSOR
2	Ma		JIY II	ive residence before Be CITY OR TOWN OS TMINS	V .	13d INSIDE CITY LIMITS? YES NO 🄼	2013A Sn	/ ZIP CODE ydersb	urg F	₹d. :	21157
d	14, FA	Antonio V	incent	Pomo to		Marietta	WIDDLE		Pero		
/	14	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES?	053-12-	-6447	Charney L.		As Snyd Sr.	ersbu	irg l	Rd.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)									
7	CERTIFICATION	PART 2. OTHER SIGNIFICANT (				NOT RELATED TO THE TERM	TOO AUTOPSY?  200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO.				
7	MEDICAL CER	710. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER MOTHEY MEDICAL EXAMINET 214. INJURY OCCURRED	P.M.	. MONTH DA	19	716 HOW INJURY OCCURR		1011			
	ME	WHILE NOT WHILE THE AT WORK 270.1 certify that (1) (the hope	(AT HOME STREE	ET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	city or io	5 19	COUNTY	that (I) (w	e) last
		saw the deceased alive on phove, (1) (wee) (did) (did no 1711, ICNATURE	Apr	19.8	2 ar	DEGREE  ATTENDING	MEDICAL STA	.FF	-	causes stat	
	0	John E.	Stee	rs w	1	222 Washin	aton Hts	., Wes	tmins	, ter	md.
	B	urial, Cremation, Removal urial (Entomb	) 5-9-8	4		emetery or Crematory lwn Memoria] lens					Md.
4	Va Va	NERAL DIRECTOR Tho	mas D. Estuast	rletche tern	dtre	Son F. H 250. DATE 157 MAY	8 1987	WE REGISTRA	der K	JRE	

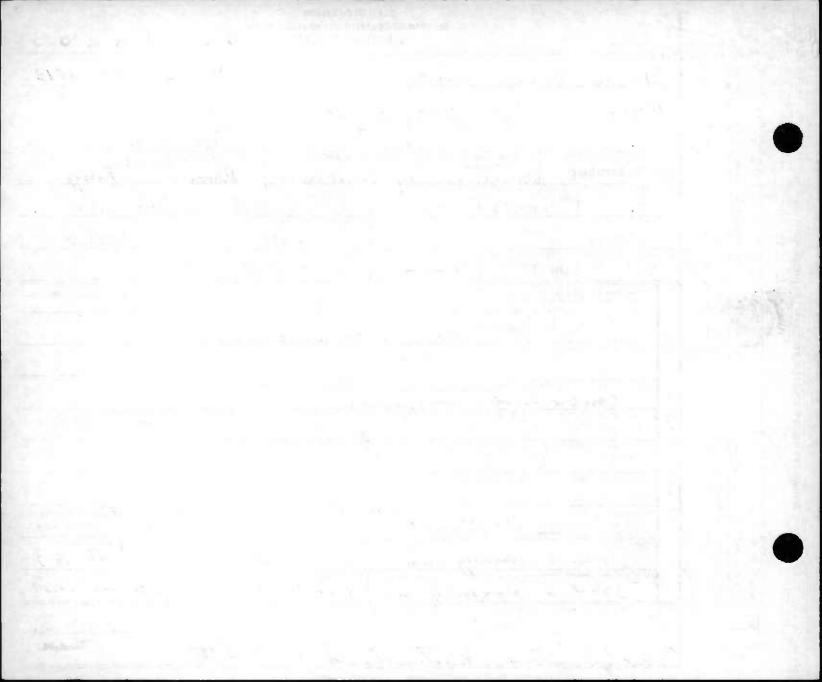
Contraction of the contraction o The section of the se write ... passent in the last a leaverly linear basis . All reports The same with th

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	B REG. N	0	42	6 5	
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR	
(ITAPE	Claude	011	Ver	Lepp	0		may	16,19	987	1513	
3. SE			4 RACE		5 DATE (		6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	male		Cauc	asian	MONT	30 14	72	YRS	MONTHS DAYS	HOURS MIN	
70. BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	MD.		USA		WIDOWI	DIVORCED	Carroll	Coun	ty	M	
	ITY OR TOWN OF DEA			HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS O	
1	stminste		Carrol	( Coun		Deneral Hos	D. VRIVER		DAKO		
130 5	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		1157	
	MD.	Са	rroll	Westmi	nste:		1416 Ple	asant	: Valle	ey Rd.	
1	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		IAS	1 2	
1	Claude			Lepp		Estel			Locka	ard	
16a V	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		MED FORCES?	16b SOCIAL SEC		17. INFORMANT	ADDR				
	yes	AA AA	-ll-	218-18	-100	Doris Le	500 13	9			
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b), a	nd ici.			-,-11	BETWEEN	MATE INTERVAL ONSET AND DEATH	
	TAKTI: DEATH W		E CAUSE (o)	Care	Juan	arrest					
	Conditions, if ony, which (b) atheroscleration Heart Disease										
	gove rise to imn		SUIT TO O	R AS A CONSEQU				The state of			
	underlying couse										
	PART 2 OTHER SIGN	NIFICANT O	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIV	EN IN PART 11	0	
NO O	Core	brow	scula	- riveres	Lucia	man.					
CATI	190 DATE OF OPERAT	HON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	S, WERE FINDINGS USED			
TIFIC							YES T NOT		TIFYING CAUSES OF DEATH?		
CERTIFICATION	21a ACCIDENT WAS UND					21c HOW INJURY OCCUR					
	OR CONTRIBUTING C		is n	M. MONTH E							
MEDICAL	214 INJURY OCCUR		21s. PLACE		19	211 LOCATION					
ME	WHILE NOT WH	ILE T		REET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE	
	22a I certify that (I)		tal) attachded th		ma	1/4 10 87	man 1	4	10 27	1	
	sow the decease		10		-1-	nd that in (my) (our) opinion	denth occurred on the d	ote and hou		that (I) (we) lo	
	obove, (I) (we) (c	lid) ( <del>did no</del>	t) view the body	ofter death.			acom occorred on the c	ole olid hoo			
	220. SIGNATURE		who	6		DEGREE ATTENDING _	MEDICAL STA		22c DATE	1 kg >	
	22d Infrancian's NA	AAE TYPE	D OD INT	J'm	10	PHYSICIAN [	DIRECTOR   PHYSI	CIAN	1 0 7/	1/8/	
							IT. Waste	- 7	- 201	2-11.57	
	JOHN	5.		SHEY	neo				~, ~.		
73a E	BURIAL, CREMATION, [SPECIFY] 1 Pial	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
_			5/19	/87 P	leas	ant Valley	Westmin		Carro!	the site	
6	INERAL DIRECTOR	0	4 .	ADDALTIO		25a DAT	E REC'D. BY REGISTRAN	251 REGIST	PAR'S SIGNAL	and the	
1X	Alex truly	Kail	a h.	Warls	1. 1	m Md.	W 22 1987			and production	

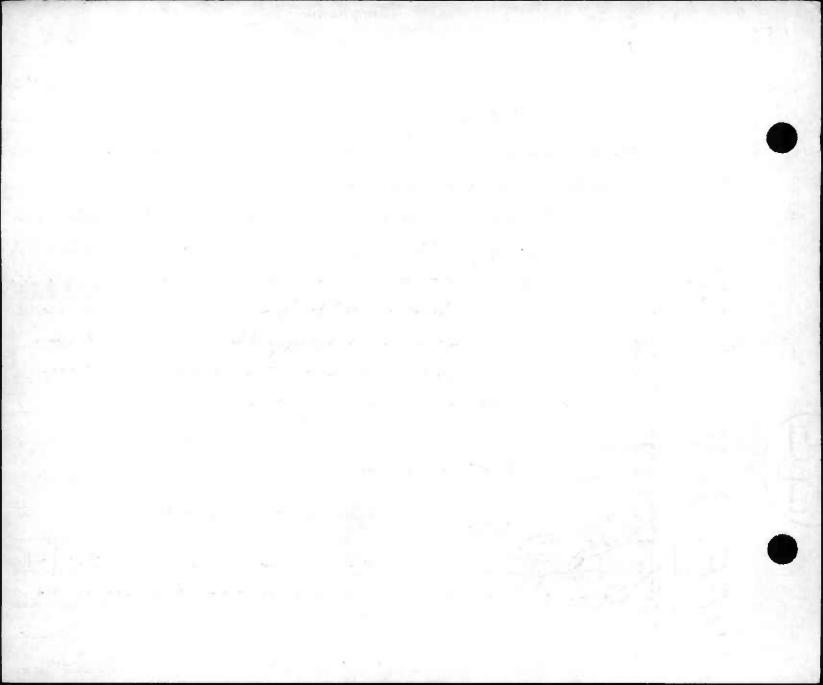
DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

	4	100
	oeo	three
	offer	the dw
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Urs o	) fee
021	t ho	ed b
Z	in 2.	100
RYI	W.T	d 2 s
W	fed	dwa
ORE	xeco	pu o pu
¥ N	pe e	S. Po
BAL	0	Sicio
10	rtific	on po
Z	h ce	orbi
EST	deot	ove o
g.	he	ren eno
_ ≤	hot	by ose
. 20	res +	ned puring
RDS	edni	The t
0	» C	bee mit.
- R	he k	hos ene
1	N: T	ons: Hygi
P.	CIAL	ol-tr
Z O	HYSI	buri Mer
VISI	G Pl	the and
٥	NOO	Aft se os solrh
	TEN	OF U
	AAT	REC ped f
	Lo	toch e De
	by by	ERA e de Stat
	HOS	FUN Id b
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral is should be detached for use as the busiol-transit permit. Then please remove corbonpapers, Pages Frand 2 should be filled within 72? It with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

				STAT	E OF MARYLAND						
53700 11	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
201011	13	STATE REGISTRAR		CERTI	ICATE OF DEATH	O / REG. N	NO.	4 60	0 /		
	I DEC	CEASED NAME FIRST	WIOOLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR		
9 P P	(TYPE	OR PRINT)					~				
to, page 3 offer death	3 SEX	Evely	n Male Talrace		ctin	6 AGE (IN YEARS LAST 81		9 87	4 P M		
office of	3 SEX		4 RACE	MONT		MGE (IN TEAKS LAST 81	Green Common	MONTHS DAYS			
980		Female	White	7	21 17		69 YRS				
g 5 g	7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
10 11 10		arvland	USA	WIDOW			roll	Co.	MD.		
er d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12h KIND C	OF BUSINESS OR		
by the	U	ampstead	407 Houcks		5000	Retired	OF WORKING LIFE	E) INDUSTRY			
e fin burs	PUSUA	L RESTDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE	ville	toau			I D&I	)		
filled house of the		TATE 136 COL			134 INSIDE CITY LIMITS				1 0 1 0 2 1		
		aryland Carr	oll Hamp	stead	YES NO	407 Houc	KSVIL	Le Kos	ad 21074		
within d 2 s	14 FA	FIRST	A) 3)OO(M	ST	15 MOTHER'S MAIDEN	MIDDLE		LA	151		
D m d	1	George		pp	Berth			Ge	ttier		
and co		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	RESS				
e exect	· ·	no		03-978	Mrs. Geo	rgia Rhote	n. Man	nchest	ter. Md.		
te b		18 CAUSE OF DEATH (Enter of							XIMATE INTERVAL		
physici onpaper emovol		PART I. DEATH WAS CAUS	ED BY.	witwo	heart Failer			1	>4.00 C		
h cert rding orbor or rer		IMMEDIA	TE CAUSE (a)	Jan 1100	Tari Tari			-	7-007		
leoth ttend ve co ion, o			DUE TO, OR AS ACON	1	011	40		7			
of of the		Conditions, if any, which gove rise to immediate	(p) 72	chame	moronia	paria		-	1		
by the sserer other		cause a, stoting the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF	11	1-1			/		
se that ned by please unal, cr		Olidenying Cause lost	(c)   W	terio sel	entic Hear	T Disease	•	7	2016		
ires gne n pl buri		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BU	NOT RELATED TO THE TI	ERMINAL DISEASE OR CO	VDITION GIV	EN IN PART 1	10		
9 2 4 d 5	CERTIFICATION	Chie	in Opstrug	the t	& promoule	ris-eare					
ow re-	S	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YING CAUSES			
w c c c c c c	· E		100			YES NO		S [	NO [		
3 PHYSICIAN: The iterating physicion in this certificate hithe buriol-transit and Memal Hygie and or Item 18 should be item.	E E	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18, P.	ART 1 OR PART 2)			
SiCIAN ng ph certific certific violitic lemail		OR CONTRIBUTING CAUSE OF DI		H DAY YEAR							
PHYSICIAN: ending physic this certification the buriol-from the buriol Hysic d or Memal Hysic	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION						
of the standard of the standar	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	NWI	COUNTY	STATE		
VDINC Lor or R: Afte use os leolth o		AT WORK			une 10 8	36 to presen	+	10			
m o O T		22a. I certify that (I) (this hasp sow the deceased alive a	at 1 = 1 (5) and			ion death occurred on the			, that (I) (we) lost		
R ATTI hospit hed fol ept. of tem 21		abave, (1) (we) (did) (did t	wew the bady after death.			ion deom occorred on the t	2016 0110 11001				
0 . 0 11 0		THE SIGNATURE			DEGREE	C MEDICAL ST	4.55	ZZc. DATE	ESIGNED		
AL O The Cal Dident Dident Dident De		OD C		V	ATTENDING PHYSICIAN	MEDICAL STA		0	11187		
HOSPITAL ined by th FUNERAL wild be det by the Stote		274. PHYSICIAN'S NAME (TYPE	OR PRINT)		27e ADDRESS	- 1	1 0	. \			
HOSP pined FUNI Suld by the the		Steven 1	Shorter		2111 Hanos	er Pike t	Jamp:	stead	. md.		
TO HOSPITAL Cretained by the TO FUNERAL D should be detain with the State D IMPORTANT: If	73a B	URIAL, CREMATION, REMOVA		123c NAME OF	EMETERY OR CREMATOR	RY 23d. LOCATION	-				
Bud on the	(5	PECIFY)				CITY OR TOWN	oatom	COUNTY	STATE MA		
BP		urial NERAL DIRECTOR	5-12-87	Manch	ester Ceme	tery Manch					
DHMH - 16 50M 1/76	יין די	NAME	TT ADDR	ESS		TANK A A	-		TURE		
(VR A 15 (4) )	L	line Funeral	. Home, Hamp	stead,	Mr.	MAY 14 1007	Julia D	golden ?	andalla		



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

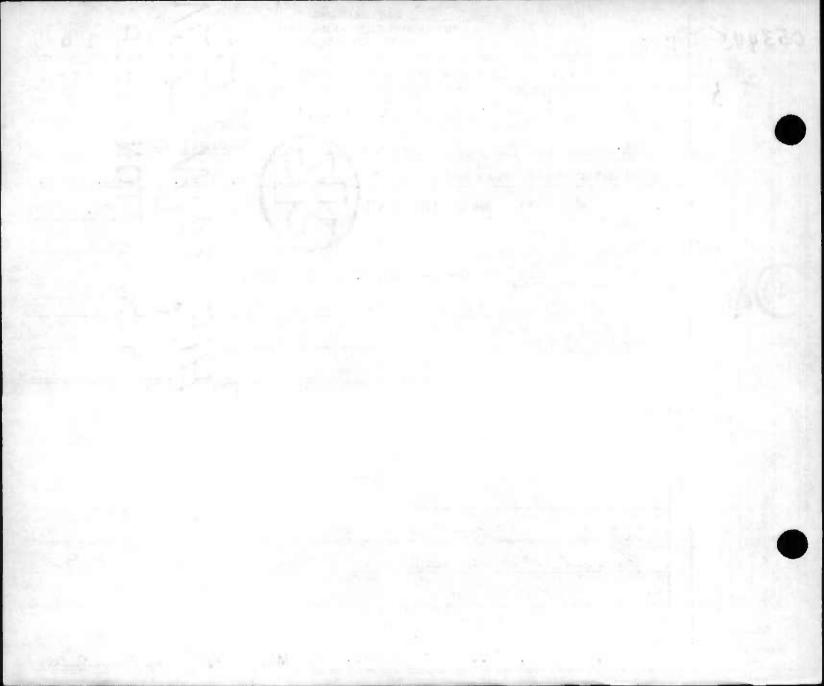
NE 8 REG. NO.	1 4	2	6	8
DATE OF DEATH MONT	H DAY Y	EAR	26 HOUR	- 50
May 5	, 1987		810	P

053445	1	FOR STAJE REGISTRAR			DEF		HEALTH AND MEN		ENE 8 PREG. NO.	1 4 2 6 8
moy be poge 3		CEASED NAME	FIRST	<i>(</i> =	MIDDLE	me	-ANDLES		May 5,	1987 26 HOUR 810 PM
rector pours after		Female		Cauc		MON	of BIRTH priî 12	YEAR 09	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONEHS DATE HOURS MIN.
deorth. Po		RTHPLACE ISTATE OR FO		USA				CED	BALTIMORE CITY OR COUNT Carroll Co	unty MD.
10. CITY OR TOWN OF DEATH Westminster				11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  36 Westmoreland Street					120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ANS. Serv.	IZE KIND OF BUSINESS OR INDUSTRY Ans. serv.
AND 212	130.5 130.5 11.	AL RESIDENCE (IF NURSIN	Carr	ΙΥ	113/ CITY OF		136 INSIDE CITY L	IMITS?	36 Westmore!	and St. 21157
BALLIMORE, MARYLAND 2120 cuted within 24 hours system and completely filled in by pers. Pages 1 and showld be fir wol. it, the medicologomice must be not.		THER'S NAME FIRST		IDDLE		eese	15. MOTHER'S MA FIRST Ad		MIDDLE	Bruc e
LIMORE Linguistics Pages		VAS DECEASED EVER II YES NO OR UNKNOWN) NO	(IF YES, GIVE	NED FORCES? WAR OR DATES!		SECURITY NO.	S. Bre	nnema	an 13e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certificate has been signed by the ottending is os the burial-tronsit permit. Then please remove cortain than and Mental Hygiene prior to burial, cremation, or remarked or them 18 shows ony mjury, or other traumatic events.	z	Conditions, if any, gave rise to immeasure (o), stating underlying couse	which ediote the last.	(b) DUE TO, O	PR AS A CON	SEQUENCE OF			NAL DISEASE OR CONDITION G	IVEN IN PART 1/a
NI RECORE  be low req  on.  r permit. The  ene prior it  ene prior it	CERTIFICATION	19a DATE OF OPERATE	ON	196 COND	ITION FOR W	VHICH OPERATION	DN WAS PERFORME	D	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO NO
ON OF VITA  THYSICIAN: T  Hysicians secutificate burnat-transi Mental Hyg  Mental Bsh	MEDICAL CER	210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	AUSE OF DEAT	P. 21e PLACE	.M. MONTI .M. OF INJURY	H DAY YEAR	21f LOCATION	Y OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18	
07 - 85 - 85 - 85 - 85 - 85 - 85 - 85 - 8	W	WHILE NOT WHILE AT WORK  220 I certify that (I) (	this hospita	al) attended th	ne deceased t	170111		9 87	city or town	19 87 that (Dwe) last
by the hospito by the hospito ERAL DIRECTOR e detached for a State Dept. of H		saw the decease above (D. we) d	e	view the body	after death.	0	DEGREE ATTER	NDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 5/5/87
O HOSPITAL  TO FUNERAL  Should be det  with the Store		1-10-VAD	6. 4		n, mo		216 ADDRESS 215 WAS	SMINE	TON HETS, WE	STMINSTER
BP	B	SURIAL, CREMATION, R UFIA1	EMOVAL	236. DATE 5/8	3/87	Meado	DW Branc	h	Westminster	
DHMH 14 40M 7/84	24 FU	JNERAL DIRECTOR				21157		250. DATE	REC'D. BY REGISTRAR 756. REGIS	TRAR'S SIGNATURE

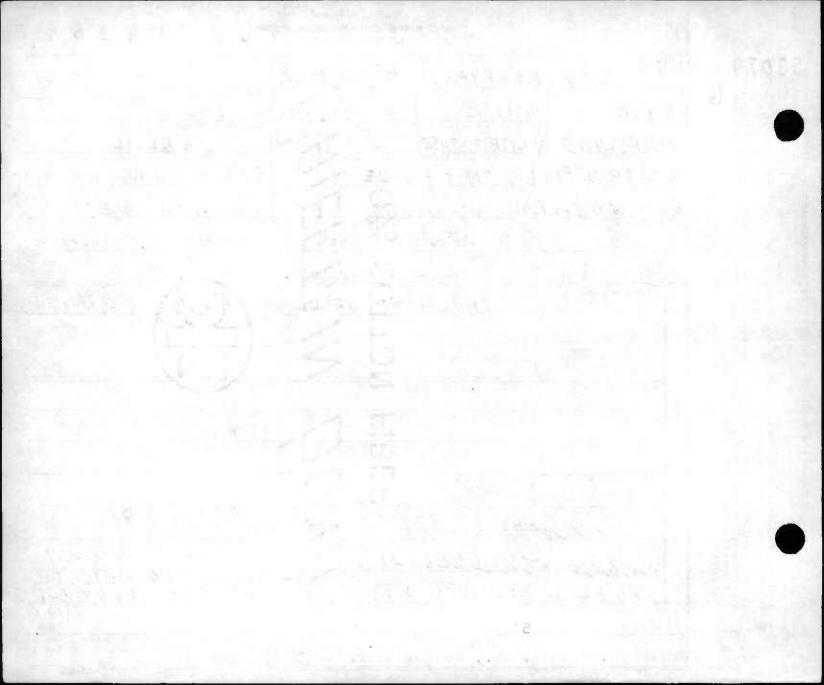
DHMH - 16 60M 7/84 (VRA 15, 4)

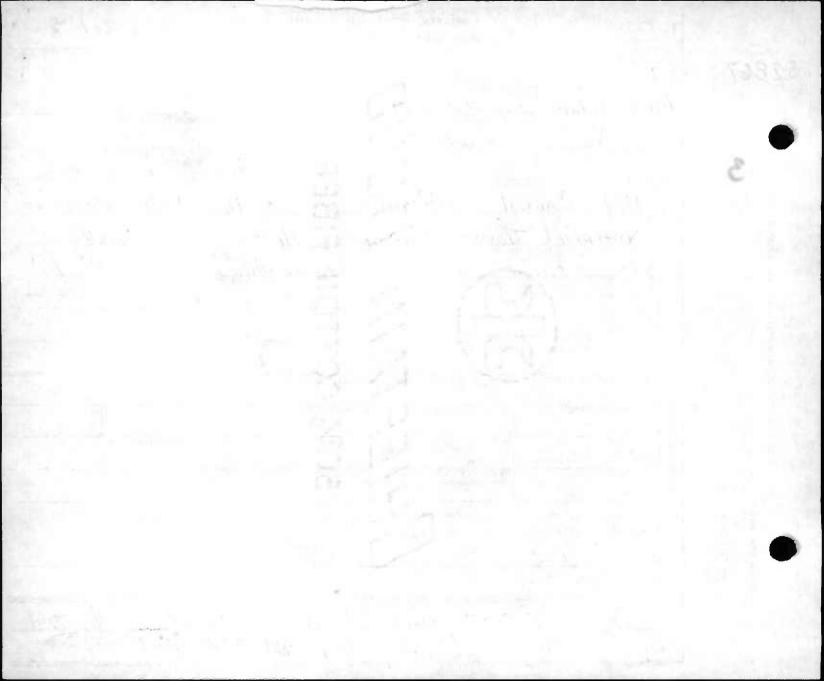
Robert K. Pritts, Sr., Westminster,

MAY 1 1 1987 Julia Dividson Pandal



		FOR	STATE OF MARYLAND	
	1.	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 4	269
019		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
dege 3		JOHN JOHN	MERRYMAN MCCORMICK 5-3-	0130m
tar. po	3. SE	ANE	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UN MONTH	HS DATS HOURS MIN.
Poge direc	7a B	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY? 8	DEATH
death.	1	1ARYLAND	UNITED STATES WIDOWED   NEVER MARRIED   CARROL	L MD.
offer of the fr	10 C	TY OR TOWN OF DEATH		NOW THE STATE OF T
in by		AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	g newspaper
filled model	M	ANYLAND CAR	NOW WESTHINSTERYES NO 130 STREET ADDRESS / ZIP CODE 150 STREET ADDRESS / ZIP CODE 150 SMITH 150	VE 21157
within terely	Jet?	THER'S NAME FIRST	MIDDLE LAST FIRST MIDDLE	IAST
comp	16n \	John VAS DECEASED EVER IN U.S. AF	Edwin McCormick Katie Norris	Merryman
Poge medi			215-01-3278 Myrtle R. McCormick, 13e	
ote by sicion spers.		18 CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertific pan po remo		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (0) CARCINOMA DF URINARY BLADDEL	SMONTHS
tendir e carl an, ar		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
the do		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
that see by see by see by see see and, or		underlying couse last	( (c)	
signe signe to bu	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IF	PART 110
ow re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
The icton.	RTIF	71a ACCIDENT WAS UNDERLYING	YES NO YES TO YES TO THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM IS PART IN	NO []
SICIAN ng physic certificat unal-transmental Hy		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	JR PART E)
PHYSIC nding his cer d Meni	MEDICAL	21d. INJURY OCCURRED	21a PLACE OF INJURY 211 LOCATION	COUNTY STATE
NG F After 1 as the as the arked	>	AT WORK NOT WHILE	SEPT EB MAY 7	37 ,
TEND role of OR A		cow. the decgated alive g		from the couses stated
OR AT the hosp DIRECT Sched for Dept of them 2 f them 2		17h SIGNA URF	DEGREE	ME DATE SIGNED
-1 - 1 - 0		Willey	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-3-81
TO HOSPITAL TO FUNERAL should be de with the State		TODILEI T	WELLIVER MD 220 ADDRESS 218 WASHINGTON +	100415
Show of the state	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	21157
BP	B	urial	5/6/87 Loudon Park Baltimore	UNITY STATE
DHMH - 16 60M 7/84	-	Dert K. Prit	412 Washington Rd. ts, Sr., Westminster, Md MAY 06 1007	SSIGNATURE
(VRA 15, 4)	110	bert K. Prit	ts, Sr., Westminster, Md MAY 06 1987	12 Pandays





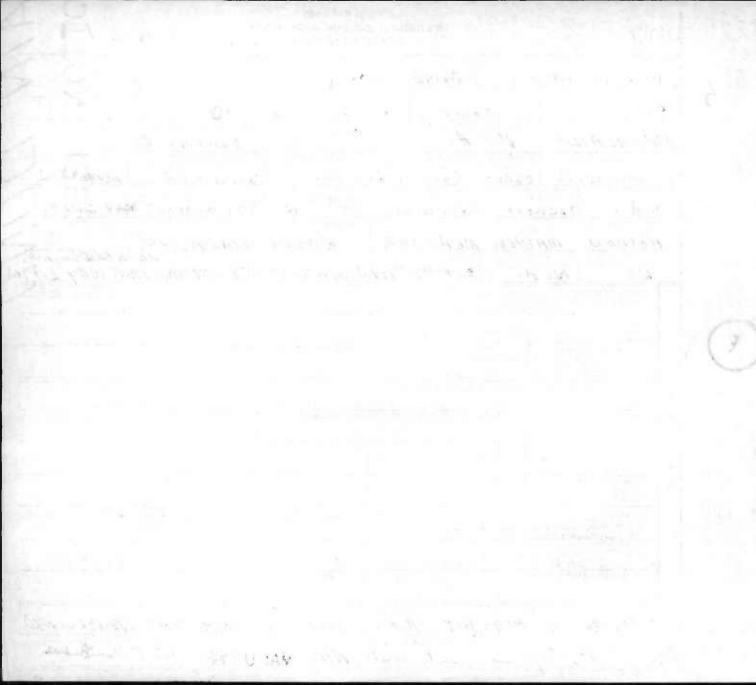
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME FIRST MIDDLE 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) NAOMI MOKEY MAXINE MOXE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR FZMACE WHITE 13 TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CARROLL WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING HEE) INDUSTRY CARROLL COUNTY UNMESTIC WESTMINSTER GETERAL HOUSEWIFE. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 STREET ADDRESS / ZIP CODE WAY 21791 13c. STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY HMITS? UNION BRIDER ARROLL NO TY 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST DLAND ALLISTER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Joseph C. MOXEY 831 RAM PART WAY 2 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: WEEKS IMMEDIATE CAUSE (O) ORGANIC BRAIN SYNDROM DUE TO, OR AS A CONSEQUENCE OF DIABETES Conditions, if any, which MELLITUS gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 VIBRETIC NEUROPATHY DIRECTIC NEPHROPATHY PRTERIDSCLEROTIC CARDIOURSCULM DIFFASE 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I NOD YES [] 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above (1) (we), (did) (did not) view the bady after death , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 220 DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANI 274 PHYSICIAN'S NAME (TYPE OR PRIM 22e. ADDRESS Q #

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL 23b. DATE 231, NAME OF CEMETERY OR CREMATORY AKROLL CREMATOR

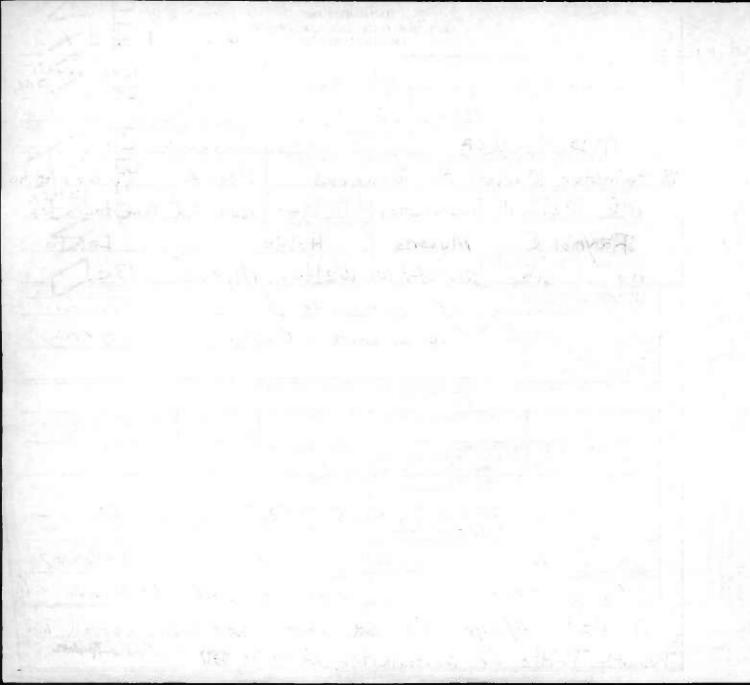
23d LOCATION

1256 REGISTRAR'S SIGNATURE



50	500	1 11111	1-	FOR STATE REGISTRAR			DEPAR	MENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGI	ENE 8	REG. NO		4 2	7	2
	ay be	death	(TYPE		a/ec	2	MIDDLE	N DATE C	1yers		20 DATE OF	81. 1	5/	26/87	2b HO	JR 3 5
	age 4 m	ours offer	3. SE	RTHPLACE (STATE OR FI		CITIZENIOE	CALL WHAT COUNTRY	MONTH	28	YEAR 14		72	YRS.	MONTHS EAT		Miles.
	death. F	ed of old	(	TY OR TOWN OF DEA		U	S A HOSPITAL, NURS	WIDOWE		RCED _	Ca.	rro	1	Co.	OF BUSIN	MD.
21201	ours offe	iled "			NG HOME OR OTH	JULY TO	CH FACILITY, GIVE STREET	T ADDRESS)  RE ADMISSIONI			Cle	K FOR MOST OF				edri
	hin 24 My fills	z shoùld b		THER'S NAME	Carr	oll	Westmi 1	-	13d. INSIDE CITY YES N  15 MOTHER'S M	10 🖃	1804	ADDRESS /	1 regions	200	wn	RL
RE, MAR	complet	col exom		Ray!		D FORCES?	Mije 160 SOCIAL SEC	VS^	17. INFORMANT	rollis		ADDRE	SS	Le	ast eist	er
LTIMOI	be exe	ers. Pages I. the medical	('	res, no or unknown		a	213-01	9196	Wal.	ter	My	ers		13·e	-	
W. PRESTON ST., BALTIMORE, MARYLAND	int the death certificate by the attending physic	remare carban pape rematian, ar remaval amer traumatic event, 4		PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (a), storing underlying couse	which ediote	Y: AUSE (o) DUE TO, C	OR AS ACONSEQU	JENCE OF		Co	e/on			g:	DXIMATE INTE NONSET AND LOW LOW	
N 102, 201 W.	1	p burio	NO.	PART 2 OTHER SIGN	IFICANT CON	IDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	VAL DISEAS	E OR COND	ITION GIV	VEN IN PART	اره	
AL RECOF	1	perina en prio	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORA	MED	200 AUTO	PSY?	IN CERTIF	S, WERE FINE FYING CAUSI	INGS USE S OF DEA	TH?
DIVISION OF VITAL RECORDS,	HYSICIAN, 1 nding physic his certificate	Mental Hyg	MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH AL EXAMINER)	P 21e PLACE	OF INJURY  .M. MONTH (  .M.  OF INJURY  REET, FACTORY, OFFICE	19	211 LOCATION		D (ENTERNA	TURE OF INJUR		PART I OR PART 2		STATE
DIVIS	pital or other	for use as the of Health on 21 is marked	W	WHILE NOT WHE AT WORK  27a.1 certify that (I) sow the decease above, (I) (we) (di	(this hospital)	ottended th	ne deceased from	c , 5	d that in (my) (a	19 8 7 m) opinion d	, toeath accurre	d on the do	te and hou	19 87	, that (I) (	
	PITAL OR A by the hor ERAL DIREC	Share Dept.		276 SIGNATURE  PHYSICIAN'S NA	Ate	es		n		ENDING YSICIAN 🖸	MEDICAL DIRECTOR	STAF	AN 🗌	22c DAT	SIGNED 27/8	7
	O HOS showed	the the state of t		John .	I. 3	TEE	RS		222110	shing	itan	Hts.	We	Shune	sta	md

DHMH - 16 60M 7/B4 (VRA 15, 4)



) 5 4	4 8 2 NAY	13	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 7 REG. NO.	4273	
	oy be ooge 3 deoth		CEASED NAME FIRST CLARENCE OR PRINT)	E RUBEN	NEGNZON	05/20/05	7:35°M	
	moy	3. SE		4 RACE WHITE	5. DATE OF BIRTH MMH/09/96 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 90 YRS	IF UNDER I YEAR IF UNDER 24 HRS ONTHS DATS HOURS MIN.	
	to the first of th	7a B	IRTHPLACE ISTATE OR FOREIGN MINNESOTA	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEM NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY CARROLL	OF DEATH MD	
5	5		ITY OR TOWN OF DEATH ESTMINSTER	11. NAME OF HOSPITAL, NURSIN CARROLULI FACOLUNITE	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION FYARMER OR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR	
MARYLAND 2120	24 hours	MD	AL RESIDENCE (IF NURSING HOME C	PROTHER INSTITUTION GIVE RESIDENCE BEFORE DERICK UNTONR TBR		11 1330BP CEENSORVE	ILLE RD.21791	
AARYLA		14 F	THE STOPHER NI	LAST				
BALTIMORE, A		160Y	MAS DECEASED EVER IN U.S. A	RMED FORCES? LAS SOCIAL SECTION OF THE PROPERTY OF THE PROPERT	702° ELLENAW. NEL	SON ADDRESS 11330B	CLEMSONVILLE RD	
201 W. PRESTON ST., B.	that the death certifical day the ottending physical common contampes or composition, or common or other traumonic event.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	PRATION ENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	on.  to seen signification of the permit. Then for ene prior to but ows ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES IN CERTIF	WERE FINDINGS USED  YING CAUSES OF DEATH?	
DIVISION OF VITAL RECORDS,	G PHYSICIAN: Tottending physici er this certificate is the burial-transi and Mental Hygi ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI JUSTETINER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 10 PA	ART I OR PART 21  COUNTY STATE	
	OR ATTENDING he haspital or of DIRECTOR: Aft oched for use as i Dept. of Health If Hem 21 is mor		22a.1 certify that (I) (this has	n	DEGREE ATTENDING	death occurred on the date and hour	19, that (I) (we) last and from the causes stated	
	o HOSPITAL etained by the TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME ITYPE Arthuy L.	OR PRINT) RUDO MD	22e ADDRESS 524	BALTVIORE TER M.D 21	RIVD	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERALD REGISTRETZLER

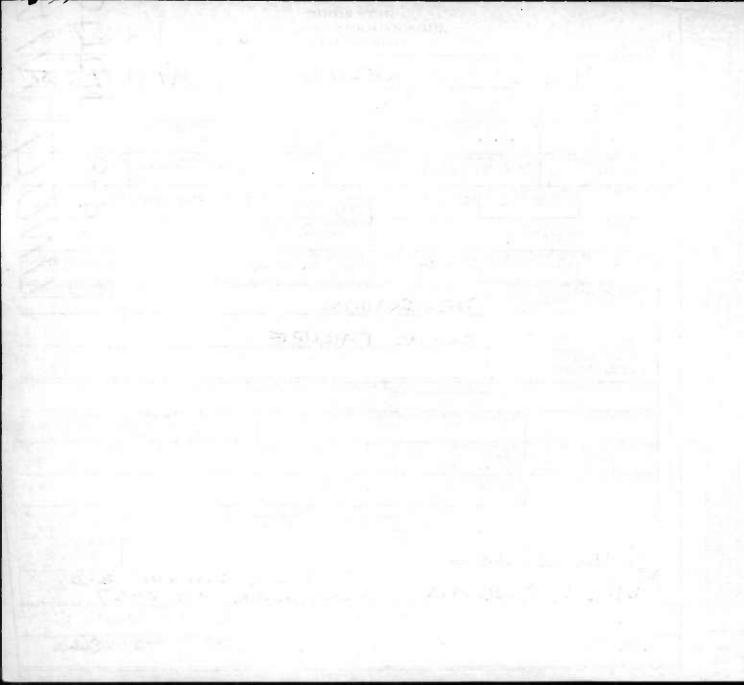
130 BURIAL CREMATION, REMOVAL 236 DATE 22/87

UNION BRIDGE, MD

AN PATE ROCID BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CARROLL

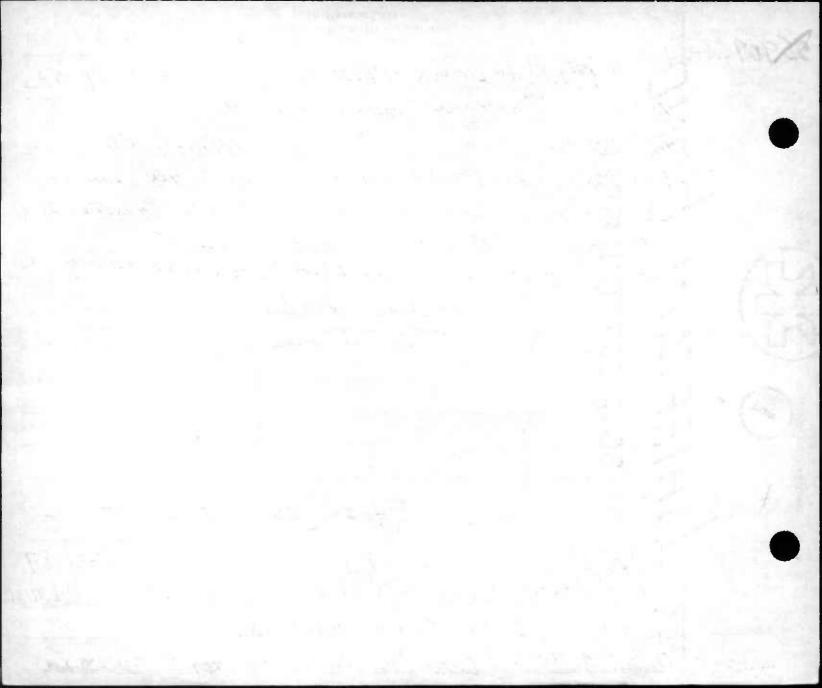
MDSTATE



8907	1-87	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE	8 7 REG. N	0.	4 2	7 4
oy be death	(TYPE	CEASED NAME FIRST		LUTHER.	PA	MER		DATE OF DEATH  GE (IN YEARS LAST BIR	MONTH D	30.87	5 A M
ge 4 mc ector. p	3 SEX	NALE	CAUC.	ASIAN	S. DATE OF	DAY YEAR		76		INTHS DATS	HOURS MIN.
deoth Fo	a	WONTOWN, MD.	4.3	what country?	WIDOWED				11	CO.	MD.
by the filled with	F	TNKS BURG	280	TEDARE	HUNS.	TRD,	CIY	USUAL OCCUPAT PE OF WORK FOR MOST O MILL WE	OF WORKING LIFE	INDUSTRY	BUSINESS OR
filled in	13a. S		OTHER INSTITUTION ITY ROLC	GIVE RESIDENCE BEFORE  130 CITY OR TOW  FINKS BU	18G	36 INSIDE CITY LIMITS		STREET ADDRESS 2807 CE	ZIP CODE	URSTA	CD 21048
ompletely of the state of the s	14. FA	THER'S NAME FRANK	MIDDLE	PALMER		MOTHER'S MAIDEN	NAME	WILL	ET	LAST	
be execution of the second of		VAS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? E WAR ORDATES) ON E	216 - 61		FITA	PAL	MER 22	FO7 C FINKS	EMAKH.	WAST RD.
trificate hysivical emoval.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	ly one couse pe D BY: E CAUSE (o)	r line for a (b), and	liac	Trai	lur	٩		APPROXIM BETWEEN O	MATE INTERVAL MISET AND DEATH
that the death central by the attending please remove carbouriel, cremation, or riving, or other traumatic.		Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last	(b)	DR AS A CONSEQUE	Drug	eleros	^,   <u>a</u>			Zje	Man.
	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE T	TERMINAL	. DISEASE OR CON	DITION GIVE	N IN PART 110	
N Times was a visit of the visit of v	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED		OR AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH? NO
		7]a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A	DFINJURY M. MONTH DA .M.	YEAR	21c. HOW INJURY OC	CURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PAI	PT 1 OR PART 2)	
UG PHYSICIA offending pl fer this certif is the buriol! h and Mental	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F		TH LOCATION STREET		CITY OF TO	)WN	COUNTY	- STATE
ATTENDIN spiral or CTOR: Af d for use o		22a. I certify that (I) (this hopping saw the deceased alive an above, (I) (was (did) (did no	150	he deceosed from		- 23 19_5 that in (my) ( >>> opin	nion deat	to	30, 1	and from the c	
TAL OK AIT  yy the hosp  RAL DIRECT  detoched f  tote Dept.		CE ME	Ville	ino	19	ATTENDIN PHYSICIA	N X M	EDICAL STA		5-3	3/-87
TO HOSPITAL retained by th TO FUNERAL should be det with the State		C.E. 199	Dill	AMS 1	DM	11904 Rev	itom	town Rd.	Kaster	Jenor	ms. 21/3/
BP	23a B	URIAL, CREMATION, REMOVAL	JUN	E2,1987	NAME OF CEA	MEMORIAL	GARD	3d LOCATION CITY OR TOWN		COUNTY	STATE

256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



the funeral director, page 3 demonstrated withing 72 hours offer death

	STATE OF MARYLAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	REG. N	10.	4	2	7	
LAST	O DATE O	F DE ATH	MONTH	DAY	YEAR	2b HC	OUF

,		REGISTRAR		CERTIFICATE	N DEATH	REG. NO.		
		PAUL	MIDDLE	PROSS	ER	DATE OF DEATH MONT	3187	26 HOUR 4:10 AM
	3. SEX	MALE "	White	S. DATE OF BIRTH	6 95	. AGE (IN YEARS (AST BIRTHDAY)	MONTHS DATS	HOURS MIN.
5	7a. 81	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	MARRIED WEV	VER MARRIED 7	CARROLL	UNTY OF DEATH	STY MD.
)	W CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NI (IF NOT ALS SUSHE ACILITY, GIVE	URSING HOME OR OTHER STREET ADDRESS)	VIUAGE	20 USUAL OCCUPATION Executive	KING LEEL INDUSTRY Chemi	LCAL
E	130 S	AL RESIDENCE (IF NURSING HOME OR OT	13c CITY OR	inister : YES	NO D	201 Saint Ma	code rks Way	21157
C		JOHN	PRUS	SER Ma	gdelene	DDLE	Dusch	
1	. Y	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL RAP OR OATES) 212-0	55-8428:	P	ne A. Prosse		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: TED	WINAL H	NEVH	ONITIS	BETWEEN	DAYS
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b) A A  DUE TO, OR AS A CONS  (c) A CONTRIBUTING  CONTRIBUTING	DIO-KES ENDOSCLE	RTIC	MY FAILV MINDOVASC NAL DISEASE OR CONDITION	WAR DS	DAYS 5 YEARS
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PE	RFORMED		IF YES, WERE FINDING CAUSES	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH    IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	ATION TREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspita sow the deceased in a con- above, (1) (x e) (did	5/5/	, ond that in	(my) (or) apinian dei	ath accurred anythe date ar	nd hour and from the	
		226. Signature	Wellue	U MD		MEDICAL STAFF DIRECTOR   PHYSICIAN	221 DATE	31-87
		DANIEL I.	WELLIVE	R MO W	EST HINS	STER M	2/15	7
		URIAL, CREMATION, REMOVAL SPECIFY) UTIAL	23b. DATE 06/02/1987	Holy Redeem		23d LOCATION CITYOR TOWN Baltimore	City, Mary	yland

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the

OR ATTENDING PHYSICIAN: The low

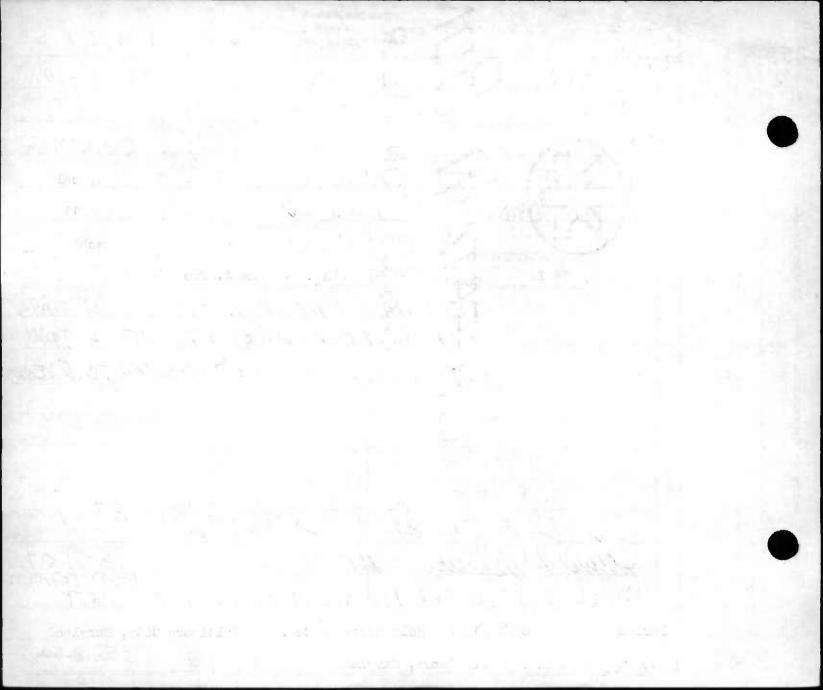
TO HOSPITAL

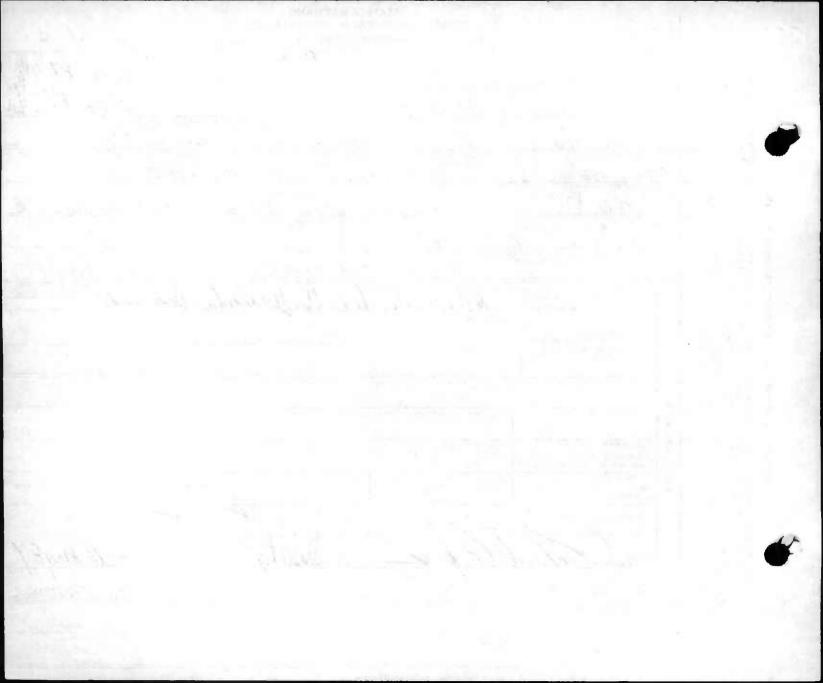
BP.

retained by the hospital or attending physician

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR S. SIGNATURE





BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

4271

	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.									
U	I. DEC	CEASED NAME FIRST	WIDDLE	L	AST			DAY YEAR	2b HOUR	
1	(TYPE	OR PRINT)	$\omega$ .	RUL	54	5	112	187	4:37m	
	3. SEX	(	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	-	male	Caucasian	2 MONTH	DAY VEAR	67	YRS	MONTHS DAYS	HOURS MIN.	
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE		9 BALTIMORE CITY O		Y OF DEATH		
1		rvland	USA	WIDOWE	DIVORCED	Carr	011 (	Co.	MD.	
1	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			17a USUAL OCCUPATE (TYPE OF WORK FOR MOST C		126. KIND O INDUSTRY	F BUSINESS OR	
4		stminster	Carroll Cour		ineral Hosp.	Farmer				
5	13a. S	AT RESIDENCE (IF NURSING HOME OF	FOR THE RINSTITUTION, GIVE RESIDENCE BEFORE TO VICE TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		e ock Ros	ad 21074	
1		THER'S NAME	nampste	au	15. MOTHER'S MAIDEN NAM		CK NO	JCK NOS	14 210/4	
1	7		W. Ruby	J	Gertie	MIDDLE M.		Sti	1	
P.		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRE	ESS	20 0 22		
	(Y	(ES, NO OR UNKNOWN) { IF YES, GIV	VE WAR OR DATES) 313-10	2-080	2 Mrs. Viol	La Ruby,	Hamps		Md.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	BETWEEN	MATE INTERVAL ONSET AND DEATH						
		IMMEDIATE CAUSE (0) VONCO COCCO TO 184 VOCACO TO 184 VOCAC								
		Conditions, if any, which (b) AWER Schooling Hear distance								
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF						
		underlying couse lost.	(c)	E III	A STATE OF THE PARTY OF THE PAR					
	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIV	VEN IN PART 100	3	
1	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES [7]	OF DEATH?	
	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR					
1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	FARM, ETC.)	211 LOCATION	CITY OR TOWN COUNTY STATE				
		AT WORK NOT WHILE								
		sow the deceased alive on	ital) attended the deceased from	87.or	nd that in (my) (our) opinion d	death occurred on the de	ote and hou	- 1	that (I) (we) last	
		obove, (I) (we) (dud) (did no 22b. SIGNATURE	ot) view the body after death		DEGREE			22c DAJE		
1		Combad	magan mer	9	HD ATTENDING PHYSICIAN P	MEDICAL STA	FF IAN	15/1	2187	
		274. PHYSICIAN'S NAME (TYPE C	- A . A . A 1	IAIA	77e ADDRESS	Le Red 1	1) alto	nume	nD21172	
	23n B	CHITRACHTO			TOO A P-OZ	123d LOCATION	0 - 410			
		SPECIFY Burial			Cemetery	Upperc	0	Balto	Md.	
	24 FL	INFRAL DIRECTOR	ADDRESS		25a D	AV D BY REGISTRAR		TRAES SIGNAT		
		Eline Funera	al Home, Hamp	stead	. Md.	1987	gutta	Margan.	Kindelle	

	1 -	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. No	1 4 2	7 8
		CH PRINT)	FIRST ARRES	EE SEDW.	ARD	E	TINBY V21	2a DATE OF DEATH	MONTH DAY YEAR STATEMENT S	1054 A
	3. SEX	MALE		4. RACE WHITE		5. DATE C	DF BIRTH 2/10/1/8 YEAR	6 AGE (IN YEARS LAST BIR	HUNDER I YEA	
5		RTHPLACE (STATE OR FOR PARTY LAND)	OREIGN	U.S.A	what Country?	8. MARRIE WIDOWE	44	9 BALTIMORE CITY O CARROLL	R COUNTY OF DEATH	MD.
ク		TY OR TOWN OF DEA ESTMINSTER			HOSPITAL, NURSIN		PROTHER INSTITUTION CAL HOSP.	L'ABORER MOST O		OF BUSINESS OR S DEPT.
5		AL RESIDENCE (IF NURS TATE	13CARY		GIVE RESIDENCE BEFORE		134 TruSIDE CITY LIMITS?	120FESHALFF	ER CAVE.	21157
C	14 FA	PHILIP ED	WARD	SELBY	ŁAST		ANNEE STI		t	AST
1		VAS DECEASED EVER () NO OR UNKNOWN)		MED FORCES?	220-16-1		THOMAS J. SE		89 W. MAIN	ST.
	ATION	18 CAUSE OF DEAT: PART I. DEATH W  Conditions, if any, gave rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN	which nediate g the last.	D BY: TE CAUSE (o)  DUE TO, O  (b)  DUE TO, O	R AS A CONSEQUE	nce of mot	Conforcts  Coloris  NOT RELATED TO THE TERM	on atery di	ADDRE STATE	DXIMATE INTERVAL N ONSET AND DEATH
7	MEDICAL CERTIFICATI	196 DATE OF OPERA.  216. ACCIDENT WAS UND OR CONTRIBUTING	DERLYING CAUSE OF DE. CAL EXAMINED RED	216 TIME O HOUR A. P. 21e PLACE (AT HOME, STR	F INJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FI	Y YEAR	211. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI		NO [

and that in (my) (ay) apinion death occurred an the date and hour and fram the causes stated

saw the deceased alive an 500 above, (1) (we) (did) (did not) view the body after death 521 DATE SIGNED DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

419 Malcolm Dr. Westminster, MD

234 NAME OF CEMETERY OR CREMATORY LOCUST GROVE CEMETER 230 BURIAL CREMATION, REMOVAL (SPECIFY BURIAL) <sup>236. DATE</sup> 05/30/87

234 LOCATION CITYNROWNMT. AIRYOUNTY FRED. STATEMD

24 FUNERAL DIBECTORARTZLER

Park N. Espenschade

NEW WINDSOR, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

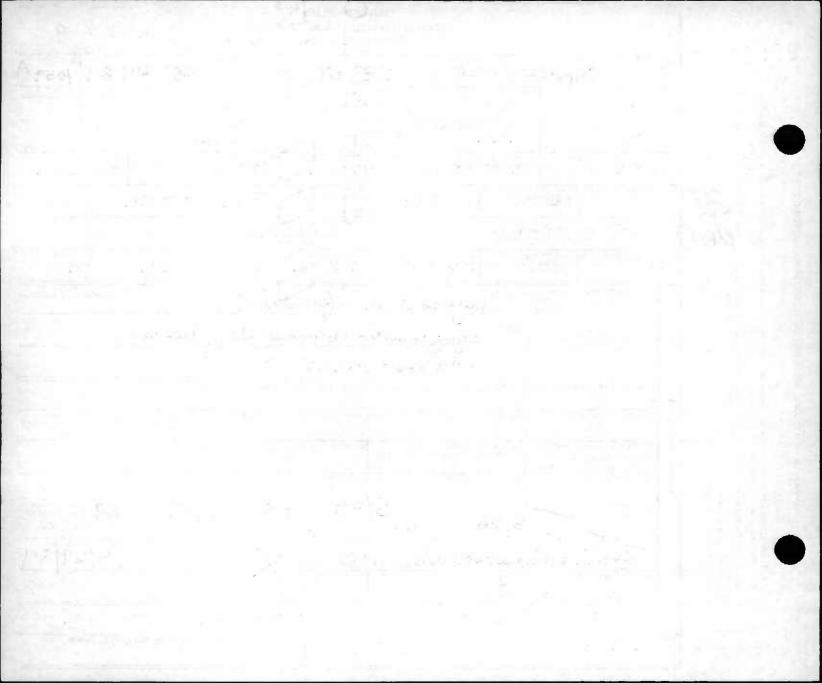
etained by the haspital ar

BP.

and y injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is marked

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept; at Health and Mental Hygiene ariar to burial, cremation, or removal.



### STATE OF MARYLAND

DED A DEMENT OF BEALTH AND MENTAL HYCIGHT

8	7	1 4	2	
•	REG. NO		200	

	STATE REGISTRAR	DEFARI		ATE OF DEATH	REG. N		4 2	19
	CEASED NAME FIRST	MIDDLE	LAST	- /		MONTH DAY	/ YEAR	26 HOUR
FITP	E OR PRINT) Clavence	VICTOR	Senf	7		5/7/	187	815 PM
3. SE		4 RACE	5. DATE OF B	IRTH YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male	White	MONTH	20 03	83	YRS	THIS DATE	MOOKS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED C	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
	USA-MS.	USA	WIDOWED	DIVORCED	Carro	11		MD.
10 C	LTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		THER INSTITUTION	120 USUAL OCCUPATI		176. KIND OI	F BUSINESS OR
2	1 Kasuille, 12d.	Sykesuille	Exterci	tre Center	farmer	-	ABRICU	LTURE
	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		I INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE		
	encypun Ad Ca	viell Kenoyten	//49,	ES NO		T RD/	12178	7
14. F/	ATHER'S NAME	MIDDLE	15	MOTHER'S MAIDEN NAM	WE WIDDLE		LAST	
	Havry De	aft	1017V NIO 117	Meggie	Haifle 4	c c		
		RMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPERT	7-266	. 0	P S	133		2 0
	No	210-70		Cavalyn	12 Other	for.	APPROVI	MATE INTERVAL
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), ar ED BY,	12 2	2		0	BETWEENO	MATE INTERVAL DISET AND DEATH
	IMMEDIA	TE CAUSE (a)	, , ,	1,				
		DUE TO, OR AS A CONSEOU	ENCE OF	S.C.V.	2			
	Conditions, if any, which gove rise to immediate	(b)	( ,	, -, (,) 4)	7,			
	cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
NO O								
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	20a AUTOPSY?	206. IF YES, W		
TE			12		YES NO	YES [		NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P		. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
VED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
-	AT WORK AT WORK					7	-	
	220.1 certify that (1) (this hospi	ital) attended the deceased from	abul	1981	_ to Way	19.		that (I) (we) lost
	abave, (i) (we) (did) (did no	at) view the body after death.	,-	hat in (my) (our) opinion (	deoth occurred on the de	ofe and hour ar		
	226. SIGNATURE	111.00	m (	1) ATTENDING	. MEDICAL STAI	FF	22c. DATE S	SIGNED
	224 DUKSICIAN'S NAME	+ + + + + + + + + + + + + + + + + + + +		PHYSICIAN Y	DIRECTOR PHYSIC	IAN 🗌	17/8	18
	22d. PHYSICIAN'S NAME (TYPE C	Chapulle, 1	1. D 1	6342Bar	maH Ave	INVZ .	11 1 23	ME
					Ton the second			
230	BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMI	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicior should be detached for use as the buriol-transit permit. Then please remove corbon popers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, or removal.

ottending physicion.

TO HOSPITAL OR ATTENDING retained by the hospital or atte

TO HOSPITAL

BP.

njury, or oth

If Hem 21 is morked or Hem 18 shows ony

IMPORTANT

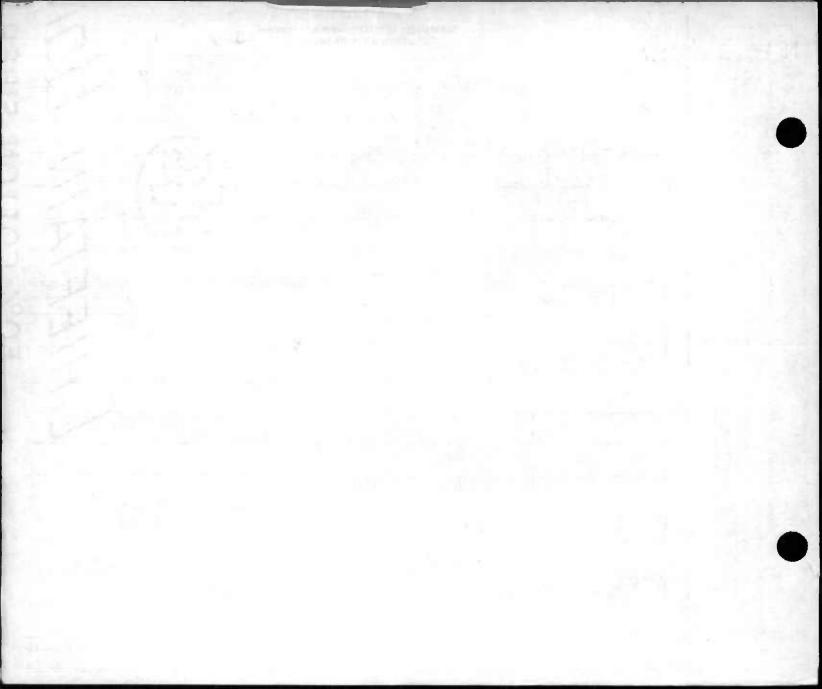
director, page 3 hours ofter death

DHMH - 16 60M 7/84 (VRA 15, 4)

DURIAL

24 FUNERAL DIRECTOR NAME FUNERAL HOME TANEYTOWN, MD 21987

250 DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIGNATURE



	D the	(TYP)	Iren	e M.	Shaw	5 0	9 87 0425 1
	ge 4 mo) ector. pa	3. SE	Female	CAUC ,	5. DATE OF BIRTH  MONTH  DAY  23  VEAL  TO SELECT THE S		FUNDER TYEAR OF UNDER 24 HRS
	death. Po		COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	a carroll count	OF DEATH  MD
201	offer of the state	W	est minster	arroll county	general Hospital	N 120. USUAL OCCUPATION (TYPE BOOK FOR MOST OF WORKING LIFE	WE KIND OF BUSINESS OR ANDUSTRY
LAND 21	in 24 hou	130.	AL RESIDENCE (IF NURSING HOME OF	// - //	WN 13d. INSIDE CITY LIMI	2 1500 FANN	vie Dorsey R.
E, MARY	O O		ATHER'S NAME FIRST  VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	R LETT	MIDDLE 1	VRAY
BALTIMORE, MARY	tion and in Pages		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 486 38	9067 Robert		sville, md
7	ertificate ng physic ban pape réma-sal c event, il		PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), of BY: TE CAUSE (a)	A. sitardsky	seath tree	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST	death of attendance control of attention of		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSECU	JENCE OF		
01 W. P	s that the		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSECU			
	require	VIION	PARTY OTHER SIGNIFICANT	ron Bulino	DEATH BUT NOT REPATED TO THE	TERMINAL DISEASE OR CONDITION SINE	en in part to ()
TAL REC	N: The low systion. cote has b consit perm Hygiene pr	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NOT STEEL IN CERTIFY YES NOT THE NATURE OF INJURY IN ITEM 18 PA	YING CALIF OF DATE
DIVISION OF VITAL RECORDS,	HYSICIAN: ding physics certhical burial-troi Mental Hy ar Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CCORRED (ENTER NATURE OF INJURY IN ITEM 18 P.)	ART FOR PART 2)
DIVISIO	After this one of the bolth and I	WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		ST 5/9	COUNTY STATE
	ATTENE cospital of ECTOR: ed for use of the	H	sow the deceased alive on	ital) attended the deceased from	77/1	oinion death occurred an the date and haur	19, that U (we) last r and from the causes stated 22& DATE SIGNED
	by the H by the H ERAL DIR e detoch Stote Dep		22d PHYSICIAN'S NAME (TYPE O	De De La Carle	ATTENDI	NG MEDICAL STAFF	5/9/87
	TO HOSPITAL stoiled by to FUNERAL should be deem with the Stote MPORTANT:		PARK	Espenschad	0 110 1	ninster, Md.	

MIDDLE

- STATE

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

STAFF PHYSICIAN Mo 24 FUNERAL DIRECTOR HAIGHT FUNERN HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

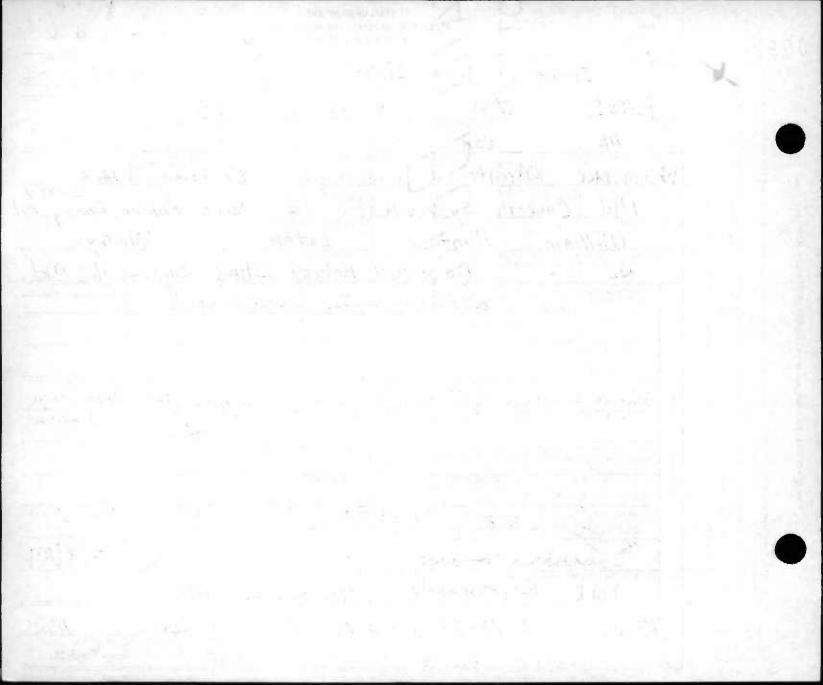
CERTIFICATE OF DEATH

REG. NO.

MONTH

26 HOUR

20. DATE OF DEATH



completely filled in by the funeral director, page 3 is and 2 should be used that 72 hours after death

attending physical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please empty can with the State Dept. of Health and Mental Hygiene prior to burial, cremation ex

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other tree

# STATE OF MARYLAND

Con	<b>d</b> 7	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE /	1 4	2 8	
	(TYPE	CEASED NAME FIRST OR PRINTILE ELMA	۷.	SHOEM	AK			MONTH DAY	87/	450 <sub>M</sub>
5	Î	EMALE RTHPLACE (STATE OR FOREIGN OUNIRY) MATYLAND TY OR TOWN OF DEATH	457	WHAT COUNTRY? 8	VIDOWE	4 1896  NEVER MARRIED	6. AGE (IN YEARS LAST BIRT  9. BALTIMORE CITY OF  APR  170 USUAL OCCUPATION	YRS. MONTY OF	DEATH	MD.  BUSINESS OR
)	We	Stminster	CARROL	LCounty (	Ger	J. Hosp	HCUSE-WIF		Home	500114E33 OK
2	130 S	TATE 136 COUNTY	PRO LL	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?  YES NOTHER'S MAIDEN NA/		ZIP CODE YRNCY	Rd.	21717
		David	- MIDDLE	Zentz		Annie	- MIDDLE		nsbury	
		VAS DECEASED EVER IN U.S. AR 'ES, NO OR UNKNOWN) (IF YES, GIV NO —	MED FORCES? E WAR OR DATES)	220-44-93		Vivian Phill		ss Baltimown, Md		
	)	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY E CAUSE (o)	line for to), (b), one (	EP	TTE SK	tock		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	NO	Conditions, if any, which agove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, OI	R AS A CONSEQUENT  R AS A CONSEQUENT  ONTRIBUTING TO DEA  ETHALE	En.	COLI SEA	HOLANGE HOLANGE INAL DISEASE OR COND	tis	N PART I to	
	CERTIFICATION	190 DATE OF OPERATION  4-30-80  210 ACCIDENT WAS UNDERLYING	OBS.	TION FOR WHICH OF TRUCTIVE FINJURY	/	WAS PERFORMED FUNDICE 711. HOW INJURY OCCURR	200 AUTOPSY?  YES NO PROPERTY NATURE OF INJUR	20b IF YES, WE IN CERTIEY INC. YES TO THE TENT OF T	G CAUSES OF	S USED DEATH?
9	CAL	OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 218 IN JURY OCCURRED  WHILE NOT WHILE AL WORK AL WORK	P./		YEAR 19 ALETC )	211 LOCATION STREET	CITY OR TOV		COUNTY	STATE
		220.1 certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	7 '	198		d that in (my) (our) opinion of	MEDICAL STAF	F		
		MANUEL .	T. St	vila		PHYSICIAN 220 ADDRESS  GILVIUS	DIRECTOR PHYSIC	. We	557710	IN STOR
	[5	URIAL, CREMATION, REMOVAL  BURIAL  BURIAL	236. DATE 5-4-19			Cemetery OR CREMATORY		Frederi		STATE
	24 FU Sk	rifés funeral ho	ome/ <sub>Tan</sub>	86 E.Baltin eytown, Mo	more 1.217	85t. MA	PRECID. BY REGISTRAR	> .	S SIGNATUR	dade



The state of the s

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

						-	20
JE .	7	PEG 110	-	4	2	8	d
	-						

Baby Boy Shumar    A BACE	- STATE		CEI	RTIFICATE OF DEATH	B REG. N	0.	£. 0	(ha
Baby Boy Shumar    RACE   10 ATC OF BRTH			WICOLE	LAST	20. DATE OF DEATH	MONTH DAY	1.0.	
THERE NAME PART 2. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH WIS DATE OF PRATICULAR OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF THE MEDIAN COUNTY OF DEATH OF THE MEDIAN COUNTY		aby Boy	SI	humar	A	pril 30	1987	11:00
## TIPPLACE   STATE OFFORDING   PRODUCT   PRO	SEX					THOAY) IF UN		
STATE OF TORLOW   USA   WIDOWED   DWORKED   TO GATE OF BUSINESS   WIDOWED   DWORKED   TO GATE OF BUSINESS   WEST MARKED   DWORKED   TO GATE OF BUSINESS   TO GATE OF BUSINES	male	whi					DAYS HE	DURS MIN
Md. USA   WDOWED   DIVORCED   DIVORCED   Carroll   TO RIOWN OF DEATH   TO RIOWN OF DEATH   TO RIOWN OF HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL NURSING HOS	BIRTHPLACE I STATE OR FOREIGN		WHAT COUNTRY?		9. BALTIMORE CITY O		DEATH	
Westminster    Carroll County General Hospital   NA   RESIDENCE (# MUSHAGEMAD MAD AND AND AND AND AND AND AND AND AND A	Md.		WID	OWED DIVORCED		11		
ALRESDENCE IF MASKING/DOUTY OF RESERVEN EMPORE ADMISSION TATALE WIS COUNTY (I.E. CITY OF TOWN CATTOIN WESTMINSTER)  AT JAIN CATTOIN (I.E. CITY OF TOWN WESTMINSTER)  WESTMINSTER NAME  JOHN Henry Shumar  VAS DECEASED EVER IN U.S. ARMED FORCES?  ILES SOCIAL SECURITY NO.  IT AND UNKNOWN IN THE FIFT ONly ORE COUNTY IN TOWN IN TO NO.  IT CAUSE OF DEATH EFREY ONly ORE COUNTY IN TOWN IN TOWN WAS COUNTY OF THE FIFT ONLY ON THE FIFT ONLY ONLY ON THE FIFT ONLY ON THE FIFT ONLY ONLY ON THE FIFT ONLY ONLY ON THE FIFT ONLY ONLY ONLY ON THE FIFT ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Westminster	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRES	S1	TYPE OF WORK FOR MOST C		DUSTRY	USINESS C
TAST	Maryland Car	ROTHER INSTITUTION	136. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 22 John S	treet	211	57
VAS DECEASED EVER IN U.S. ARMED FORCES? 15. NO DU NENDOWN)  16 YES, ONE WAS DEATH STORY WAS DEATHS)  10 NO  11 CAUSE OF DEATH LENTER ONly One course per line for (a), (b), and (c)  PART 1. DEATH WAS CAUSED BY:  IMMAEDIATE CAUSE (a)  LIMMATURE NON-VIABLE BY:  IMMAEDIATE CAUSE (a)  LIMMATURE NON-VIABLE BY:  IMMAEDIATE CAUSE (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (c)  LID DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (c)  LID DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (b)  Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQ	FATHER'S NAME	WIDDLE	LAST				LAST	
IS CAUSE OF DEATH IERTER and yone couse per line for (a), (b), and (c)  PART I, DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)  IMMEDIATE CAUSE (d)  IMMEDIATE CA	John Hen:	ry	Shumar	A.	Kaye		Condor	
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Immature non-viable live male   DUE TO, OR AS A CONSEQUENCE OF couse (a); steting the underlying cause lost   (c)   Spontaneous abortion, undetermined etiology	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		NO. 17. INFORMANT	ADDR	SS		
DUE TO, OR AS A CONSEQUENCE OF  Governing it only, which governing couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (b) Spontaneous abortion, undetermined etiology  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (f)  DUE TO, OR AS A CONSEQUENCE OF  (g)  DUE TO, OR AS A CONSEQUENCE  (g)  DUE TO, OR AS A CON	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and (c)				APPROXIMAT	E INTERVAL
VES   NO   VES   NO		He made				20b. IF YES, WE	RE FINDINGS	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF INJURY OCCURRED  21d. INJURY OCCURRED					YES T NOT			
WHILE AT WORK	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY Y M. OF INJURY	19 211, LOCATION	RRED (ENTER NATURE OF INJU			STATE
DEGREE  ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIREC	WHILE NOT WHILE AT WORK	I HOME ST	NELT, PACTORT, OPPICE, PARM, ET		702			
DEGREE  ATTENDING MEDICAL STAFF 5/19/87  2206. PHYSICIAN DIRECTOR PHYSICIAN 5 DIRECTOR PHYSICIAN 5 5/19/87  2206. PHYSICIAN S NAME (THIS A DIRECTOR PHYSICIAN 5 DIRECTOR PHYSICIA	15w the deceased blive o	-	19.					4.1.4
220 Carroll County General Hospital, Inc. Richard A. Joles M.D. 200 Memorial Avenue. Westminster. MD 211 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION STATE 231 LOCATION COUNTY STATE 232 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 233 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 234 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 235 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 235 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 235 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 236 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 237 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 237 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 237 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 237 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 238 NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE 23		No. of	1	ATTENDING	MEDICAL STA	FF v		
CITY OR TOWN COUNTY STATE	Richard A. Jo	Mes. M.		<sup>22</sup> Carroll Co 200 Memori	unty General al Avenue, W	Hospita	al, Ind	211
	BURIAL, CREMATION, REMOVA		100 272 222		CITY OR TOWN		UNTY	STATE
, , , , , , , , , , , , , , , , , , , ,	disposal	May 2	, 1987 Carro	1 Co, Gen. Hosp				

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carban paper should be detached for use as the burial-transit permit. Then please remave cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If them 21 is marked or

24 FUNERAL DIRECTOR

FOR

Charles R. Graf. Exec. V.P.

CCGH, Westminster, Md.

Le marie de la company de la c maker C \_\_\_\_\_ avail \_\_\_\_ . The control of the contr

the state of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

8	7	1	4
J	REG. NO.		

NE 8 / REG. NO.		4	2	8	3
o. DATE OF DEATH MONTH	16	8	7	26 HOU	10
AGE (IN YEARS LAST BIRTHDAY)	IF UNI	DERII	EAR	IF UNDER	24 HRS
82 yes	MONTH	5 0	AtS	HOURS !	M IN.

3. SEX 4. RACE 5. DATE OF BIRTH MONTH 8. Male Cauc. May 1905 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA WIDOWED TO DIVORCED

N.

9. BALTIMORE CITY OR COUNTY OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Carroll County 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Master Plumber Plumbing

Westminster West. Nursing & Conv. Ctr. MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
1137 CITY OR TOWN 136 COUNTY Carroll

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10

Westminste 13d INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP CODE Fowler Road 15 MOTHER'S MAIDEN NAME

21157 LAST

Hare

4 FATHER'S NAME FIRST Noah

CERTIFICATION

MEDICAL

IN CITY OR TOWN OF DEATH

FOR

REGISTRAR DECEASED NAME

- STATE

Sies

LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Marv 17 INFORMANT

NO A

Radition Road 2816

MIDDLE

Sies. Silver Spring. Md.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN LIF YES GIVE WAR OR DATEST no na

FIRST

16h SOCIAL SECURITY NO 214-03-735

Roger

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTO		206. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES 🗌	NO	YES	NO 🗆
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	) (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PART ( OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	Balance Company of the				

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE AI WORK

211 LOCATION STREET

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death.

COUNTY

226 SIGNATURE

DEGREE ATTENDING PHYSICIAN V 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

22c DATE SIGNED

23a BURIAL CREMATION, REMOVAL

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

100

23d LOCATION Westminster

Carroll

DHMH - 16 60M 7/84 (VRA 15, 4)

DIRECTOR

Hygi Surial-tra

> 0 Dept.

should be deta

MPORTANT

5/19/87 Westminster 24 FUNERAL DIRECTOR

134 DATE REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE

054873 JU

-	]-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 7 REG. NO. 1	128 4
		CEASED NAME FIRST Sharon	A.	Small	20. DATE OF DEATH MONTH DA	0= /2/2
	3. SEX	- F	RACE	S. DATE OF BIRTH  MONTH DAY YEAR  12 30 44	42 YRS.	FUNDER I YEAR IF UNDER 24 HRS.  DAYS HOURS MIN,
E	Mď	COUNTRY S /4	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY C	Co. MD.
11	DF	+ampstend	died at h	om tand Ct.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY  C&P
ALL S	13a S M	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT IST VI AND CAPT STATE NAME	Y 13c. CITY OR TOW	N 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 7.221 Woodland	Ct. 21074
1	(4	Raymond vas deceased ever in u.s. arm ves. no or unknown) I (IF yes. give)	R Burr ED FORCES? 166 SOCIAL SECU WAR OR DATES) 219-42-	RITY NO. 17 INFORMANT	ADDRESS	Raiber
		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		NCE OF Lung	Cancer	BETWEEN ONSET AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DA 12:20 M. 5 2  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.)	2 1967-	YES NO YES  RED (ENTER NATURE OF INJURY IN ITEM TR PAR  CITY OR TOWN	
		22e 1 certify that (1) (this hospito saw the deceased olive on obove, (1) (we) (did) (did not) 22b. SIGNATURE	5/15	77, and that in (my) (our) opinion of	to 5/22 19 death occurred on the date and hour o	
		226. PHYSICIAN'S NAME (TYPE OR	- Siegel M	1) ATTENDING	DIRECTOR PHYSICIAN	5/22/87
		Stephen	diegel N	in tok Pai	inters Mill K	d mills MD

Cremati

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

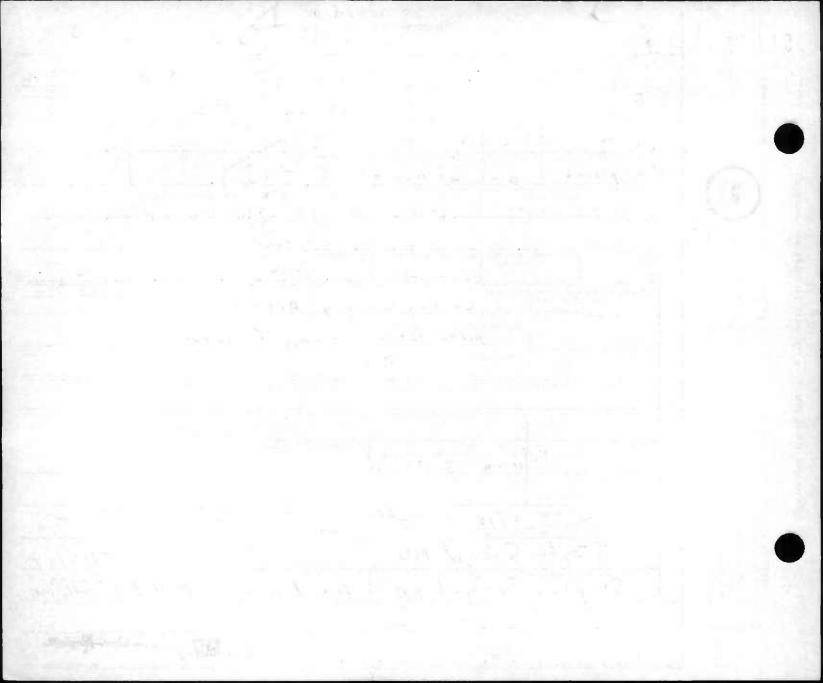
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

236 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation
24 FUNERAL DIRECTOR Eline Funeral Home, Hampstead, Md. ATORY 23d LOCATION CITY OF TOWN

tion Hampstead Carrol

250 Date recid by Recision 1256, Registration



74

irs after death. Page 4 may be

in by the funesal director, page 3 is filed within 72 hours after death

CTATE	OF	MADVIAND
SIAIL	UF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	4	2	8	
			_		_	

- STATE				CERTIF	CATE OF DE	ATH	8 REG	NO.	4	line	0 3
1. DECEASED NAME	FIRST		WIODLE	L	AST		20 DATE OF DEATH		DAY		26 HOUR
	Ini	ng	Shelma	n Sp	encer			05	26	87	2.001
3. SEX		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24				
Male		Caus	2.	монтн	24	YEAR 10	77	YR		DATS	HOURS MIN
Za BIRTHPLACE (SI	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	NEVER M	ABBIED []	9 BALTIMORE CIT			ATH	
Patapsco	, Md.	U.S.A		WIDOWE		ORCED	Carrol	do.			
10 CITY OR TOWN			HOSPITAL, NURSI	NG HOME O			12ª USUAL OCCUP	ATION			BUSINESS
Westmins	ter	Carroll	Co, Gener		spital		TYPE OF WORK FOR MO	Jo / Ke		USTRY	leum
		ME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)	91 1001						
13a. STATE		OUNTY	13c. CITY OR TOV		13d. INSIDE CIT		13e.STREET ADDRES			Olo	/10
14 FATHER'S NAME	Ce	ourou	Finksbu	50	YES 15. MOTHER'S	NO MAIDENI NIA	alla Sper	xer re	ine	210	18
	ver	WIDDLE	LAST	0			WIDDL	E	Doo	rids	
			Spenc			Maude					
	WAS DECEASED EVER IN U.S. ARMED FORCES?  [YES, NO OF WIKNOWN]   [IF YES, GIVE WAR OR DATES]			166 SOCIAL SECURITY NO. 17 INFORMANT 2112 PRS pen							e
No	1, 10	0, 0.12 1.111 01 01 120,	216-09	216-09-7830 Naomi C. SpencerFinksburg, Md. 210							2104
III CALISE OF	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)										ATE INTERVAL
PART OTHE OF E	web	walnet	DITRIBUTING TO	ngd	190990	40	200 AL PSY?	20b. IF	YES, WERE	FINDING	
210. ACCIDENT			FINJURY M. MONTH D	AV VEAR	21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM	18 PART I OR	PART 2)	
OR CONTRIBUTION	G CAUSE O	OLAIN		19	2.5						
OR CONTRIBUTION (IF EITHER NOT 21d IN JURY O		21e PLACE	OF INJURY		211 LOCATION	1				UNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC )	STREET		1	RIOWN		UNIT	STATE
220.1 certify t	hat (1) (this h leceased aliv (ye) (dd) (di	e an 5 2 side and anat view the bady		• •	d that in (my) (	, 19 <b>8</b> 1	, Io death occurred on the	≥6 e date and			
	January Export and MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								5/2	6/8/1	
Park V		penschad	e Jr. N	ID O	_		gton Hei		Medi	,	Cent
23a. BURIAL, CREMA		VAL 23b. DATE	23c.	NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION	1	COUN	Tv	STATE
Buria		5-28-	87 W	esley	Cemet	tery	Upperc		Carr		Md.
FUNERAL DIRECT	OR Thol	mas D. F 4 East M stminste	letcher ain Str				E REC'D. BY REGISTR		SISTRAR'S	SIGNATU	RE

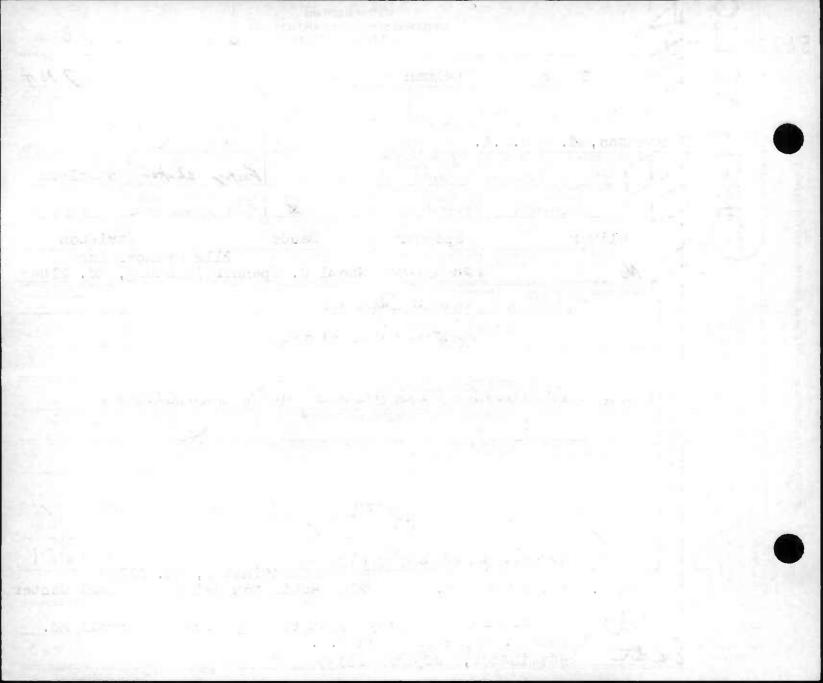
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pag with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex-retained by the hospital or attending physician.

FOR



1				STATE	OF MARYLAND				
11.	FOR STATE		DEPARTM		EALTH AND MENTAL HYGI	ENE (C)	1	1 )	8 6
	REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0.	1 6-	0 0
	CEASED NAME FIRST		DDLE	LA	.51	20. DATE OF DEATH	MONTH DAY		26 HOUR
	DEA!		Chappe	115	TICKLES		5 28	87	1615 4
3. SE	X	4 RACE		5 DATE O	F BIRTH	6. AGE (IN YEARS LAST BIT		INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male	Whi		10	08 42	44	YRS		MIN.
	IRTHPLACE ISTATE OR FOREIGN COUNTRY). Maryland	U.S.		MARRIED WIDOWEI	NEVER MARRIED DIO	9 BALTIMORE CITY O		DEATH	MD.
W	TY OR TOWN OF DEATH	CARROLL	FACILITY, GIVE STREET A	(DDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT			Parro to
USU ISE M	AL RESIDENCE LIF NURSING HOME OF ATE 136 COUP	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE 36. CITY OR TOWN Vestmin	ADMISSION	136. INSIDE CITY LIMITS? YES NO 🛣	3442 Lit	/ ZIP CODE	211 wn P	57 ike
	ATHER'S NAME				15. MOTHER'S MAIDEN NAM				
0	Lionel E		Stickle		Susie	WIDDLE		Char	ppell
	WAS DECEASED EVER IN U.S. AR		66 SOCIAL SECUE		Joyce L. S	ADDR	442 Li	ttles	stownp: 1
N	0		220-42-	ASTR	Joyce L. S.	tickles W	estmir	ster	Md.
CERTIFICATION	couse (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(c) CONDITIONS <u>CO</u> N		EATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	20b. IF YES, W	ERE FINDING	GS USED
188	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c HOW INJURY OCCURR	FD (ENTER NATURE DE INII	YES [	LOR PART 21	NO []
0.00	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	. MONTH DA						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  216 INJURY OCCURRED  WHITE NOT WHITE	21e. PLACE O		RM, ETC	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	WORK AT WORK			-1-	07	C1-	2	- 110	
	220 I certify that M (this hospi saw the deceased plive on obove, (1) (ye) (da) (did no	5/28	19 8	, and	d that in (my) (ayr) apinion d	eath occurred an the d	ate and hour or	nd from the c	hat (I) (ye) last ouses stated
	3 SCHATURE DEWE	pens	chode	4	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (7)	27 DATES	29 87
1	226. PHYSICIAN'S NAME (TYPE C	RPRINT		)	22e ADDRESS				21157
	Park W. Espe	nschade			410 Malcoln		Westmi	nster	,Md.
230 (	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 6-1-8'	で アファー Ev	AME OF CE	metery or crematory een Memoria rdens	23d LOCATION CITY OF TOWN Finks bu	rg. Ca	ounty	1 Mď.
24 F	UNERAL DIRECTOR	11.0	Phileder	7.		REC'D. BY REGISTRAR	TEL DECISTOR	D'É CICALABI	INC TOPIONAL
	I sme Her	eksel	254 E	- Mo	en St JUI	V 1 1987	Julia Da	ides - Ka	Addison.

DHMH - 16 60M 7/84 (VRA 15, 4)

Provide a language of the contract of the cont ender mental trade a file of the control of the con Tiones coward extend curks against the part of the company of the and the contract of the contra . La Maria , nasanji dubewa

	1	FOR / - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	BIENE 8 REG. NO.	4281
	1. D	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4856		CLARKE	VICTORIA	STONER	May	25 87 1130 A
DE O D	3. 5		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs of		female	white	8 30 1891	95 YRS.	MONTHS DAYS HOURS MIN.
Poor Poor	70.1	BIRTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
# 02 55	5	MARYLAN)	U. 5A	WIDOWED DIVORCED	CARROLL	MD
er de	10.0	CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Soft filed the		Vestminster	Carcoll Cou	nty General	HOUSEWIFE	
NO 21	130.	JAL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY)	TY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD	
五 ( 和 ) 第二	14.1	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
WA CONTRACT		ALONZA	N_ YINGL	INC TOA	MIDDLE	RIDGE
BALTIMORE, MARYLAND sole be except the spers. Pag vol. tr, the medical except in the spers. Pag	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	3899 SS MIL	LLEAT STATION AS
be ion of rs. Po	<b> </b>	No			WELL MANCHE:	STER MID 21102
BAL cate cate paper poper poper to the		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for (a), (b), one BY:	100000	Legislas	APPROXIMATE INTERVAL BETWEEN ONSET AND DECH
ST.,		IMMEDIATE	CAUSE (D) CONO	80 harsenan	V CELCIEM	Say
on the confiner of the confine			DUE TO, OR AS A CONSEQUE	NCE OF		
death death attending outending or control o		Conditions, if any, which gove rise to immediate	(b)			
the rem		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		
thor thor designation, or or or		underlying couse lost.	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certificate has been signed by the attending post the burial-transit permit. Then please remove carbon the and Mental Hygiene prior to burial, cremation, or renormed or them 18 shows any injury, or other traumatic events.	Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	VEN IN PART 110
been mit. T	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
hos lo	7 8					IFYING CAUSES OF DEATH?
N: The Nysicion tysicion the const pronons the Hygier Hygier 18 show	48	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
SICIAN ng phy certific certific vial-tre		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR		
HYSICA Iding I Institute Institute or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f. LOCATION		
VISION G PHY offending er this sthe bu	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
Afte ost on mort		22a I certify that (I) (this haspite	nl) attended the deceased from	C-18- 1087	10 5-25	19 8 7, that (1) (we) last
Ten on the second secon		saw the deceased alive an_	Y-25-195	, and that in (my) (our) opinion	death accurred on the date and ha	- /
RECIPE OF POTO		obove, (I) (we) (did) ( <del>did not</del> 12% SIGNA) URE	view the body after death.	DEGREE		22 DATE SIGNED
toch toch tach tach tach		- Colintral	volu Nafan	ARE ME ATTENDING	MEDICAL STAFF	5/26/87
ERA FOR		274 PHYSICIAN'S NAME (TYPE OR	PRINT	22e ADDRESS	DIRECTOR   PHYSICIAN	10,000
TO HOSPITAL retoined by 1 TO FUNERAL with the Stott		CHITRACT	EDU NAGI	ANNA 700 A PO	ale Rd. werk	minter MD 2117-
Mary Show	22	PLIDIAL CREMATION POWER	Table DATE Table		I23d LOCATION	7717
	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	24	FUNERAL DIRECTOR	1187 4	HE VIEW BIEM //	TEDERSOURCE	THAT'S DEMOTURE. ROAD ALL
DHMH - 16 60M 7/84 (VRA 15, 4)		P. Jon High	KEK HARD	TER MD	MAY 2 8 1987 "9	THE S NORMANDE . Kongaran

STATE OF MARYLAND

MOST IS ST WAR Water to water to your Dear South of the water of the ports to some times a large particularity to make the TO THE WAY THE THE PERSON OF THE STATE OF TH

ST	ATE	OF	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	4	2	8
REG. NO.				J. D.

054665 MAY	1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYC	BIENE 8 7 REG. NO	0. 1 4	2 8	8	
		EASED NAME	FIRST	1 1 1	MIDDIE	i.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b 1	HOUR	
o th	(TYPE	OR PRINT)	VOODE	ROW W	ILSON	UTZ		May 14	, 198	7	AA	
you god	3 SE)	(		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS EAST BIR	THDAY] IF U		NDER 24 HRS	
ctor ctor s afte		Male		Whit	е	MONTH		72	YRS.	THS DAYS HOU	JRS MIN.	
Pog dir	Ta Bil	RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF		2Y7 L	mber 22,1914	9. BALTIMORE CITY O		DEATH		
Start Start		Maryland		United	States	WIDOWE	NEVER MARRIED DIVORCED	Carroll	County	У,	MD.	
s ofter de led withing of the formed b		ry or fown of deat	Н	11. NAME OF I	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12 Wilson Ave.			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Building-Mover Labor				
24 hours filled in by ould be filled filled in by the fil	13a S	AL RESIDENCE (IF NURSIN	G HOME OF 36 COUR Carr	VTY	GIVE RESIDENCE BE	OWN	136 INSIDE CITY LIMITS?	13 STREET ADDRESS / 12 Wilson	ZIP CODE Ave. /	21787		
MARYLA  Thin thin the shape of	14. FA	THER'S NAME FIRST Solas	F	MIDDLE	utz		15. MOTHER'S MAIDEN NA FIRST  Ida	WIDDLE	Etc	hison		
RE, A	16a V	AS DECEASED EVER IN			166 SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDR	-6.6	on Ave.		
SALTIMORE Sold to condition on the condition on the condition on the condition on the condition of the condition of the condition on the condition of the condi	(7	NC)	IF YES GIV	/E WAR OR DATES)	160-14	-3242	Catherine H.			21787		
that the deat connected by the other connected by the other connected by cremotion, extend or other troumers are		Conditions, if only, gove rise to imme couse (a), stofing underlying couse	mmEDIA which ediote	DUE TO, O	R AS A CONSE	QUENCE OF	a of me	Juna	165	2-5-	87	
RDS, 20 equires n signee Then pl r to buri	NOI	PART 2 OTHER SIGNI	FICANT	CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART TIO		
RECORDS  low requir  so been signermit. There e prior to k	CERTIFICATION	19e DATE OF OPERATION	ON	196 COND	ITION FOR WH		N WAS PERFORMED	20s AUTOPSY?		G CAUSES OF D		
At The house	E				Ca of	1 am	reas	YES NO	YES [	-	0 🗌	
IAN. IAN. physic		21 g. ACCIDENT WAS UNDER	_		M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	AY IN ITEM 18 PART I	OR PART 7)		
NG PHYSICIAN of PHYSICIAN of the and ing physician of the buriol-trons in ond Mental Hygorked or frem 18 st	MEDICAL	(IF EITHER NOTIFY MEDICA  21d IN JURY OCCURRE  WHILE NOT WHILE AT WORK	D	21e PLACE	M. OF INJURY REET, FACTORY, OFF	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
Aft or see of the moor		22a 1 certify that (1) (1		ital) attended th	e deceased fro	m 2-5	<del>-87</del> , 19	5-13	19.	87 . that	(h ( <b>%</b> ) last	
TTEN Ditol TOR For co		sow the deceased above, (1) (we) (26	dolive on	3-13	often death	8/	nd that in (my) (our) opinion	death occurred on the d	ote and hour an	d from the couse	es stated	
by the hosp ERAL DIREC e detoched Stote Dept to		226 SIGNATURE	- gle	20,0	Correr deom.	1.02	ATTENDING PHTSICIAN	MFCICAL STA		221 DATE SIGN	4/17	
TO HOSPIT etoined by TO FUNER should be with the Sto	-	Wenifredo			ia ,MD			k St./ Tane	vtown.	Md. 2178	37	
Short	23a P	URIAL, CREMATION, R				3r NAME OF C	EMETERY OR CREMATORY	1234 LOCATION				
BP		Burial	LINOTAL	May 18			en Memorial	Finksburg	,Carrol	1,Maryl	and	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Funeral Home /Taneytown, Md. 21787 Skiles

Finksburg, Carroll, Maryland MAY 1 8 1987

A STATE OF THE STATE OF

2

.... 12 III.

-87

70-0-2

5-13

Marshall W. Jones, Jr. F.H. 4101 Edmondson Ave.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

WITMA

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

12b. KIND OF BUSINESS OR

Davis

COUNTY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21710

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 mills after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If them 21 is morked or them 18 shows any injury, or other troumatic event, the medical examilies what he hapfiled or medical

BP

(VRA 15, 4)

053007 MAY

	FOR			DCDADTA		E OF MARYLAND	IPMP			
1 -	STATE REGISTRAR		CERTIFICATE OF DEATH 7 REG. NO. 1 4 2 9 0							
	CEASED NAME	FIRST	A	AIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) Gene				G. Yelton				5 6	87	0200 AM
3 SEX	X		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
Female			white 7			14 1905	81 3	YRS		
70. BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY? 8			D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
North Carolina			USA. WIDOWE			Cammall			MD.	
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME OF			ROTHER INSTITUTION 126. USUAL OCCUPATION 126. KIND OF BUSIN				
Westminster			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Carroll County General Hospital				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE			
-	AL RESIDENCE (IF NURS					XE HODDE OUE		•		
Maryland Carr			VTY.	Millers		13d. INSIDE CITY LIMITS?	4016 Scha	ZIP COPE	#2	21107
IN FATHER'S NAME					-	15. MOTHER'S MAIDEN NA			0.17	
Ezekiel			WIDDLE	Garla		Cenis			Phillips	
	VAS DECEASED EVER	N U.S. ARMED FORCES?		166 SOCIAL SECU		17 INFORMANT		chalk R	d. # 2	•
No		THE TES, GIVE WAR OR DATES!		220-18-0	220-18-0297 James F. Yelton Millers, Md.				21107	
	Canditions, if any, gave rise to im- cause (a), statin underlying cause	which nediate g the lost.	(b) DUE TO, OF	PEREB RAS A CONSEQUE RAS A CONSEQUE	NCE OF	AS CULAR				
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119									
TIFICA	190 DATE OF OPERA	a DATE OF OPERATION 196, COND		ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO			
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI- 21d. INJURY OCCUR	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTERNATURE OF INJU	JRY IN ITEM 18 PART		
ME	WHILE NOT WE	1116		EET, FACTORY, OFFICE, F.	ARM ETC )	STREET	CITY OR TO	NWO	COUNTY	STATE
	270.1 certify that (1) (this haspital) attended the deceased from 1987, 1987, to 560, 1987, that (1) (we) lost saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death.									
	1776 Slorgature Childrach Nogar				DEGREE  ATTENDING MEDICAL S PHYSICIAN DEFRECTOR PHY			FF CIAN []	22c. DATE	16187
	CHIRA	CHE	DY N	AGBAR	JA	TO ADDRESS A P	coole Rdi v	vestm	inven	010
	BURIAL, CREMATION,		May 9,			en Mem. Garde	13d LOCATION  CITY OF TOWN  Finksbur	g Car	röll	Mar.
74.Æ	UNERAL DIRECTOR	-110	//			rel Chanellia DAI		_	R'S SIGNAT	URE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

8 1987 Julia Deviden Kadala Manchester, Md. 21102 MAY

A Charles II have the Director of the Control of th

example to the strate from the contract to the

sublified the state of the stat